

**STATE OF ARIZONA  
APPLICATION FOR FEDERAL FUNDS  
UNDER PART C OF THE  
INDIVIDUALS WITH DISABILITIES EDUCATION ACT**

Prepared for the U.S. Department of Education  
Office of Special Education Programs  
Washington, D.C.

Submitted by the  
The Department of Economic Security, Arizona Early Intervention Program  
and the  
Arizona Interagency Coordinating Council for Infants and Toddlers

## **SUBPART A - GENERAL**

### **SUBMISSIONS and DEFINITIONS**

## **SUBMISSION STATEMENT FOR PART C OF IDEA**

The State of Arizona is submitting modifications to State policies and procedures. These modifications are contained herein and include modifications: (1) deemed necessary by the State, for example when the State revises applicable State law or regulations; (2) required by the Secretary because there is a new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

I, the undersigned authorized official of the Arizona Department of Economic Security, have been designated by the Governor of this State to submit this Application for Federal Funds under Part C of the Individuals with Disabilities Education Act (IDEA) for Fiscal Year 2001.

I certify that the State of Arizona will operate its Part C Program in accordance with the assurances required by the regulations and certifications contained herein.

Governor-appointed Lead Agency: Arizona Department of Economic Security  
Authorized Official: John L. Clayton  
Title: Director

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Signature of Authorized Official  
John L. Clayton

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Date

**INFORMATION REQUIRED UNDER EXECUTIVE ORDER 12372**

I certify that the State of Arizona Application for Federal Funds under IDEA, Part C was submitted to the State's "single point of contact" under Executive Order 12372 on October 17, 1996.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

John L. Clayton  
Arizona Department of Economic Security  
Director

<b>SUBJECT</b>	<b>SUBPART A - GENERAL - Definitions</b>
<b>AUTHORITY</b>	<p>34 CFR 303.6 - act; 34 CFR 303.7 - children; 34 CFR 303.8 - council; 34 CFR 303.9 - days; 34 CFR 303.10 - developmental delay; 34 CFR 303.11 - early intervention program; 34 CFR 303.12 - early intervention services; 34 CFR 303.13 - health services; 34 CFR 303.14 - IFSP; 34 CFR 303.15 - include, including; 34 CFR 303.16 - infants and toddlers with disabilities; 34 CFR 303.17 - multidisciplinary; 34 CFR 303.18 - natural environments; 34 CFR 303.19 - parent; 34 CFR 303.20 - policies; 34 CFR 303.21 - public agency; 34 CFR 303.22 - qualified; 34 CFR 303.23 - service coordination; 34 CFR 303.24 - state; 34 CFR 303.25 - EDGAR definitions that apply</p> <p>Confidentiality of Information: 34 CFR 300.560 - definitions</p> <p>General: 34 CFR 99.3 - definitions</p> <p>Definitions that Apply to Department Regulations: 34 CFR 77.1 - definitions that apply to all Department programs</p> <p>Arizona agencies, in providing services under the Individuals with Disabilities Education Act (IDEA), use standardized definitions. Included in the following list are EDGAR definitions:</p>
ACT	Individuals with Disabilities Education Act
ADE	Arizona Department of Education
ADHS	Arizona Department of Health Services
AHCCCS	Arizona Health Care Cost Containment System (Medicaid Program)
APPLICANT	Party requesting a grant or subgrant under a program of the Department of Education.
ARS	Arizona Revised Statutes
ASDB	Arizona State Schools for the Deaf and the Blind
ASSESSMENT	<p>Ongoing procedures used by appropriate, qualified personnel to identify:</p> <ul style="list-style-type: none"> <li>• the child's unique strengths and needs;</li> <li>• the family's resources, priorities and concerns related to the child's development; and</li> <li>• the nature and extent of early intervention services that are needed by the child and family.</li> </ul>
ASSISTIVE TECHNOLOGY DEVICE	Any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of children with disabilities.
ASSISTIVE TECHNOLOGY SERVICE	<p>A service that directly assists a child with a disability in the selection, acquisition or use of an assistive technology device. Assistive technology services include:</p> <ul style="list-style-type: none"> <li>• evaluating the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;</li> </ul>

- purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing or replacing assistive technology devices;
- coordinating and using other therapies, interventions or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
- training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to, or are otherwise substantially involved in the major life functions of individuals with disabilities.

#### AUDIOLOGY

Includes the following:

- identification of children with auditory impairment, using at-risk criteria and appropriate audiologic screening techniques;
- determination of the range, nature and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, evaluation of effectiveness of those systems, including FM systems, training, and other services;
- provision of services for prevention of hearing loss; and
- determination of child's need for individual amplification, including the selecting, fitting and dispensing appropriate listening and vibrotactile devices and evaluating effectiveness of those devices.

#### AWARD

Financial assistance that provides support or stimulation to accomplish a public service. Awards include grants and other agreements in the form of money or property, in lieu of money, by the Federal Government to an eligible recipient.

The term does not include:

- technical assistance, which provides services instead of money;
- other assistance in the form of loans, loan guarantees, interest subsidies, or insurance;
- direct payments of any kind to individuals; and
- contracts, which are required to be entered into and administered under procurement laws and regulations.

#### AzEIP

Arizona Early Intervention Program - The collective effort of AzEIP participating agencies, private and public programs, and community members involved in providing services and supports to families and children with special needs.

#### AzEIP ELIGIBLE

Child who meets the qualifications to receive early intervention services through AzEIP.

CFR	Code of Federal Regulations
CHILDREN	Infants and toddlers with disabilities, as defined in 34 CFR 303.16.
CONTRACT	A procurement contract under a grant or subgrant, an award or subaward, and a procurement subcontract under a recipient's or subrecipient's contract.
COUNCIL	Arizona Interagency Coordinating Council (ICC)
COUNSEL	Attorney licensed to practice law in the State of Arizona.
DAYS	Calendar days, unless otherwise specified.
DEPARTMENT	United States Department of Education
DES	Department of Economic Security - the Lead Agency for IDEA, Part C in Arizona.
DES/AzEIP	Department of Economic Security/Arizona Early Intervention Program - program within the Lead Agency designated to fulfill all lead agency functions and responsibilities.
DESTRUCTION	Physical destruction of, or removal from, records of identifiers so information is no longer personally identifiable.
DEVELOPMENTAL DELAY	<p>Child who has not reached fifty percent (50%) of the development milestones expected at his/her chronological age in one or more of the following developmental domains:</p> <ul style="list-style-type: none"> <li>• physical, including fine and/or gross motor, sensory;</li> <li>• cognitive;</li> <li>• language/communication;</li> <li>• social or emotional; and</li> <li>• adaptive/self-help.</li> </ul>
DISCLOSURE	To permit access to or the release, transfer, or other communication of education records, or the personally identifiable information contained in those records, to any party, by any means, including oral, written or electronic.
EARLY INTERVENTION PROGRAM	The comprehensive and coordinated effort in Arizona directed at meeting the needs of children who are AzEIP eligible and their families.
EARLY INTERVENTION SERVICES	<p>Services that are:</p> <ul style="list-style-type: none"> <li>• designed to meet the developmental needs of each child who is AzEIP eligible, and the needs of the family, related to enhancing the child's development;</li> <li>• selected in collaboration with the parents;</li> <li>• provided under public supervision;</li> <li>• provided by qualified personnel;</li> <li>• provided in conformity with an Individualized Family Service Plan (IFSP);</li> <li>• provided at no cost unless federal or state law provides for a system of</li> </ul>

	<p>payments by families, including a schedule of sliding fees;</p> <ul style="list-style-type: none"> <li>• designed to meet State standards;</li> <li>• provided in a natural environment, to the maximum extent appropriate, including the home and community settings in which infants and toddlers without disabilities participate.</li> </ul>
EDGAR	Education Department General Administrative Regulations
ESTABLISHED CONDITION	Diagnosis by a qualified physician or other qualified personnel, review of medical records, and based on informed clinical opinion, of a physical or mental condition, which has a high probability of resulting in a developmental delay.
EVALUATION	Procedures used by appropriate, qualified personnel to identify the nature and extent of developmental delay or established condition, including the child's status in each of the developmental areas.
FAMILY-CENTERED	Recognition that the family is the constant in a child's life and that service systems and personnel must support, respect, encourage and enhance the strength and competence of the family.
FAMILY GOALS	Areas that family members identify as concerns or priorities and in which they would like support.
FAMILY TRAINING, COUNSELING AND HOME VISITS	Services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child who is AzEIP eligible to understand the special needs of their child and to enhance their child's development.
FAMILY SUPPORT SERVICES	Services such as Sibling Groups or Parent-to-Parent groups, which are designed to provide social and emotional, support to family members; also includes services such as respite care.
FISCAL YEAR	Federal fiscal year, beginning on October 1 <sup>st</sup> and ending on the following September 30 <sup>th</sup> or, for the State of Arizona, beginning on July 1 <sup>st</sup> and ending on the following June 30 <sup>th</sup> .
GRANT	<p>Award of financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• technical assistance which provides services instead of money;</li> <li>• assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations; and</li> <li>• assistance such as a fellowship or other lump sum award for which the grantee is not required to account.</li> </ul>
GRANTEE	Nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. The grantee is the entire legal entity even if only a particular component is designated



	in the award document.
GRANT PERIOD	Period for which funds have been awarded.
GRIEVANCE	Complaint arising from an action, decision or policy by DES/AzEIP, a participating agency, or an agency under contract to DES/AzEIP or a participating agency, presented by an individual or entity.
HEALTH SERVICES	<p>Services necessary to enable a child to benefit from the other early intervention services during the time the child is receiving such services. The term includes:</p> <ul style="list-style-type: none"> <li>• services such as clean intermittent catheterization, tracheostomy care, tube feeding, changing of dressings or colostomy collection bags, and other health services; and</li> <li>• consultation by physicians with other service providers concerning the special health care needs that will need to be addressed in the course of providing other early intervention services to children who are AzEIP eligible.</li> </ul> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• services that are surgical in nature;</li> <li>• services which are purely medical in nature;</li> <li>• devices necessary to control or treat a medical condition; and</li> <li>• medical-health services routinely recommended for all children.</li> </ul>
ICC	Arizona Interagency Coordinating Council
IDEA	The Individuals with Disabilities Education Act
IDEA, PART C	The Individuals with Disabilities Education Act, Early Intervention Program for Infants and Toddlers with Disabilities
IFSP	Individualized Family Service Plan - a written plan for providing early intervention services to a child who is AzEIP eligible and the child's family.
IFSP TEAM	Group of people selected with assistance of, and including, the parents of a child who is AzEIP eligible who, through consensus, collaboration and coordination, support the family in meeting the needs of the child. Activities of this team and its subgroup include assessment, IFSP development and implementation
INCLUDE; INCLUDING	Means that the items named are not all of the possible items that are covered, whether like or unlike the ones named.
INFANTS AND TODDLERS WITH DISABILITIES	<p>Individuals, from birth through age two, who need early intervention services because they:</p> <ol style="list-style-type: none"> <li>1. are experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas</li> </ol>

- cognitive development;
  - physical development, including vision and hearing;
  - communication development;
  - social or emotional development; and
  - adaptive development; or
2. have a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.

INTERIM SERVICE COORDINATION	Activities carried out by an interim service coordinator to facilitate the initial planning process; the entry of a child and the child's family into the early intervention system.
INTERIM SERVICE COORDINATOR	The person responsible for interim service coordination. The interim service coordinator is a system point of contact for families seeking early intervention services for their children. The interim service coordinator provides intake services, organizes evaluations and assessments, and serves as the coordinator of services to the family during the referral, intake, evaluation, and eligibility determination process.
LEAD AGENCY	DES - the State agency identified as having primary responsibility for administration of AzEIP and the funds granted to Arizona under IDEA, Part C.
MANAGEMENT TEAM	Individuals within a geographical area who represent the following: <ul style="list-style-type: none"> <li>• Local program coordination</li> <li>• State agencies</li> <li>• Families</li> <li>• Providers (e.g. early intervention, child care, Head Start, health plans, etc)</li> <li>• Other state and community programs interested in AzEIP</li> </ul>
MEDIATION	Informal, voluntary, problem-solving process requiring both parties to work toward a solution with the assistance of a trained, impartial mediator. It may not be used to deny or delay the complaint, grievance and appeal process.
MEDICAL SERVICES for DIAGNOSIS or EVALUATION	Services provided by a licensed physician to determine child's developmental status and need for early intervention services or diagnosis of an established condition.
MULTI-DISCIPLINARY	Involvement of two or more disciplines or professions in provision of integrated and coordinated services including evaluation and assessment activities and development of the IFSP.
NATURAL ENVIRONMENTS	Settings that are natural or normal for the child's age peers who have no disabilities.
NURSING SERVICES	Include: <ul style="list-style-type: none"> <li>• assessment of health status for purpose of providing nursing care, including identification of pattern of human response to actual or potential health problems;</li> </ul>

- provision of nursing care to prevent health problems, restore or improve functioning and promote optimal health and development; and
- administration of medications, treatments, or regimens prescribed by a licensed physician.

#### NUTRITION SERVICES

Include:

- conducting individual assessments in:
  - a. nutritional history and dietary intake,
  - b. anthropometric, biochemical and clinical variables,
  - c. feeding skills and feeding problems, and
  - d. food habits and food preferences;
- developing and monitoring appropriate plans to address nutritional needs of children who are AzEIP eligible based on above assessments;
- making referrals to appropriate community resources to carry out nutrition goals.

#### OCCUPATIONAL THERAPY

Services to address the functional needs of a child related to performance of adaptive development, adaptive behavior and play, and sensory, motor and postural development. Such services are designed to improve the child's functional ability to perform tasks in home, school and community settings. They include:

- identification, assessment and intervention;
- adaptation of the environment and selection, design and fabrication of assistive orthotic devices to facilitate development and promote acquisition of functional skills; and
- prevention or minimization of the impact of initial or future impairment, delay in development or loss of functional ability.

#### OUTCOME(S)

What the family wants to see for the child and/or the family, in relation to enhancing the child's development. Major outcomes expected to be achieved must be included in the IFSP. These are stated in terms of what is to occur (the process) and what is expected as a result of the process (the product).

#### PARENT

A natural or adoptive parent of a child, a guardian or a person acting in the place of a parent of child (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare) or a surrogate parent who has been appointed by a court of competent jurisdiction under state law. Arizona law prohibits a foster parent from acting as a parent, unless the foster parent has petitioned for and been granted status as a surrogate parent. (ARS 15-763.01)

#### PARTICIPATING AGENCY

Arizona agencies responsible for AzEIP implementation as defined through interagency agreements. The Participating Agencies are:

- Department of Economic Security (DES);
- Arizona State Schools for the Deaf and the Blind (ASDB);
- Arizona Department of Education (ADE);
- Arizona Department of Health Services (ADHS); and
- Arizona Health Care Cost Containment System (AHCCCS).

#### PERSONALLY

Information which includes:

IDENTIFIABLE INFORMATION	<ul style="list-style-type: none"> <li>the name of the child, the child's parent or other family member;</li> <li>the address of the child or family;</li> <li>a personal identifier, such as the child's or parent's social security number;</li> <li>a list of personal characteristics or other information, which would make it possible to identify the child with reasonable certainty.</li> </ul>
PHYSICAL THERAPY	<p>Includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. Such tasks are designed to improve the child's functional ability to perform tasks in home, school and community settings. These services include:</p> <ul style="list-style-type: none"> <li>screening, evaluation, and assessment to identify movement dysfunction;</li> <li>obtaining, interpreting and integrating information appropriate to program planning to prevent, alleviate or compensate for movement dysfunction and related functional problems; and</li> <li>providing individual and group services or treatment to prevent, alleviate or compensate for movement dysfunction and related functional problems.</li> </ul>
POLICIES	<p>Arizona statutes, regulations, Governor's orders, directives by DES/AzEIP, or other written documents that represent Arizona's position concerning any matter covered under IDEA, Part C. These include:</p> <ul style="list-style-type: none"> <li>Arizona's commitment to maintain the statewide system;</li> <li>Arizona's eligibility criteria and procedures;</li> <li>the statement that services under this part will be provided at no cost to parents, except where a system of payments is provided under Federal or State law;</li> <li>Arizona's standards for personnel who provide services to children who are AzEIP eligible and their families;</li> <li>Arizona's position and procedures related to contracting or making other arrangements with service providers; and</li> <li>other positions that Arizona has adopted relating to implementing any and all of the requirements under IDEA, Part C.</li> </ul>
PRIMARY AGENCY	A participating agency which accepts responsibility for a child who is AzEIP eligible and the child's family, and for ensuring assignment of one service coordinator.
PRIVATE	Applied to an agency, organization, or institution, "private" means that it is not under federal or public supervision or control.
PROCEDURE	Supplements the policy guidelines by outlining the steps and sequences necessary to achieve desired policy results. Procedures are usually more specific and detailed than policies.
PROGRAM COORDINATOR	<p>Contracted by DES/AzEIP, Program Coordinators are responsible for:</p> <ul style="list-style-type: none"> <li>facilitating the identification and resolution of system coordination issues that impede implementation of AzEIP at the local level and identifying system strengths;</li> <li>assisting DES/AzEIP in assessing AzEIP needs and resources at the local</li> </ul>

	<p>level;</p> <ul style="list-style-type: none"> <li>• assisting DES/AzEIP in addressing needs identified through needs assessment and program evaluation at the local level;</li> <li>• facilitating child find, in accordance with the child find plan of DES/AzEIP, and in collaboration with schools and other public and private organizations;</li> <li>• promoting public awareness and understanding of AzEIP;</li> <li>• promoting collaboration and community involvement in the implementation of AzEIP;</li> <li>• preparing and distributing required reports, and participating in meetings and activities of AzEIP.</li> </ul>
PSYCHOLOGICAL SERVICES	<p>Include:</p> <ul style="list-style-type: none"> <li>• administering psychological and developmental tests and other assessment procedures;</li> <li>• interpreting assessment results;</li> <li>• obtaining, integrating and interpreting information about child behavior and child and family conditions related to learning, mental health and development;</li> <li>• planning and managing a program of psychological services, including psychological counseling for children and parents, family counseling, consultation on child development, parent training and education programs.</li> </ul>
PUBLIC	<p>Applied to an agency, organization, or institution, "public" means that it is under the administrative supervision or control of a government other than the Federal Government.</p>
QUALIFIED	<p>Having met Arizona-approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which a person is providing early intervention services.</p>
RECORD	<p>Any information, collected, maintained, and/or used by the early intervention system, recorded in any way including, but not limited to, handwriting, print, tape, film, microfilm and microfiche.</p>
REFERRAL	<p>The action taken by any individual or agency to connect a family with the AzEIP system, or to other services or systems.</p>
SECRETARY	<p>Secretary of the United States Department of Education or an official or employee of the Department acting for the Secretary under a delegation of authority.</p>
SERVICE COORDINATION	<p>The activities carried out by a service coordinator to assist and enable a child who is AzEIP eligible and the child's family to receive the rights, procedural safeguards, and services that are authorized to be provided under Arizona's early intervention program. Each child who is AzEIP eligible and the child's family must be provided with one service coordinator who is responsible for</p> <ul style="list-style-type: none"> <li>• coordinating all services across agency lines; and</li> <li>• serving as the single point of contact in helping parents to obtain services and</li> </ul>

assistance they need.

Service coordination is an active, ongoing process that involves:

- assisting parents of eligible children in gaining access to the early intervention services and other services identified in the individualized family service plan;
- coordinating the provision of early intervention services and other services (such as medical services for other than diagnostic and evaluation purposes) that the child needs or is being provided;
- facilitating the timely delivery of available services; and
- continuously seeking the appropriate services and situations necessary to benefit the development of each child being served for the duration of the child's eligibility.

Specific service coordination activities include:

- coordinating the performance of evaluations and assessments;
- facilitating and participating in the development, review and evaluation of individualized family service plans;
- assisting families in identifying available service providers;
- coordinating and monitoring the delivery of available services;
- informing families of the availability of advocacy services;
- coordinating with medical and health providers; and
- facilitating the development of a transition plan to preschool services, if appropriate.

#### SERVICE COORDINATOR

The person responsible for service coordination. Service coordinators may be employed or assigned in any way that is permitted under Arizona law, as long as it is consistent with the requirements of IDEA, Part C.

Arizona's policies and procedures for implementing the statewide system of early intervention services are designed and implemented to ensure that service coordinators are able to effectively carry out, on an interagency basis, the functions and services listed above, under "Service Coordination."

Service coordinators must be persons who have demonstrated knowledge and understanding about:

- infants and toddlers who are AzEIP eligible;
- IDEA, Part C and its regulations; and
- the nature and scope of services available under Arizona's early intervention program, the system of payments for services in the State, and other pertinent information.

#### SOCIAL WORK SERVICES

Includes:

- home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- the preparation of a social or emotional developmental assessment of the child within the family context;
- the provision of individual and family-group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- the work with those problems in a child's and family's living situation (home,

	community and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
	<ul style="list-style-type: none"> <li>the identification, mobilization and coordination of community resources and services to enable the child and family to receive maximum benefit from early intervention services.</li> </ul>
SPECIAL INSTRUCTION	<p>Includes:</p> <ul style="list-style-type: none"> <li>designing learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;</li> <li>curriculum planning, including the planned interaction of personnel, materials and time and space that leads to achieving the outcomes in the child's IFSP;</li> <li>providing information, skills and support to families, relate to enhancing skill development of the child; and</li> <li>working with the child to enhance the child's development</li> </ul>
SPEECH-LANGUAGE PATHOLOGY	<p>Includes:</p> <ul style="list-style-type: none"> <li>the identification of children with communicative or oro-pharyngeal disorders and delays in development of communication skills, including diagnosis and appraisal of specific disorders and delays in those skills;</li> <li>the referral for medical or other professional services necessary for the habilitation or rehabilitation of children with the above speech-language disorders; and</li> <li>the provision of services for the habilitation, rehabilitation or prevention of the above speech-language disorders.</li> </ul> <p>Such tasks are designed to improve the child's functional ability to perform tasks in home, school and community settings.</p>
STATE	The State of Arizona
STATE INTERAGENCY TEAM	Consists of one representative from each of the AzEIP Participating State Agencies. Each representative has sufficient authority to engage in policy planning and implementation on behalf of her/his agency.
TRANSPORTATION & RELATED COSTS	Cost of travel (e.g., mileage or travel by taxi, common carrier or other means) and other costs (e.g., tolls or parking expenses) that are necessary to enable a child who is AzEIP-eligible, and the child's family, to receive early intervention services.
VISION SERVICES	<p>Include:</p> <ul style="list-style-type: none"> <li>identification of children with visual impairment, using at-risk criteria and appropriate vision screening techniques;</li> <li>referral for medical and other services necessary for habilitation or rehabilitation of children with visual impairment;</li> <li>determination of nature, range and degree of vision loss and mobility functions by use of functional vision assessment;</li> <li>communication skills training, orientation and mobility training for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities;</li> </ul>

- provision for use of vision, orientation and mobility, concept development and other services; and
- determination of child's needs for individual, low vision optical aids and functional vision assessment.



## **SUBPART B - STATE APPLICATION for a GRANT**

### **ASSURANCES and CERTIFICATIONS**

**SUBJECT:                   SUBPART B - STATE APPLICATION for a GRANT - Statement of Assurances**

**AUTHORITY:**       34 CFR 303.120 - general; 34 CFR 303.121 - reports and records; 34 CFR 303.122 - control of funds and property; 34 CFR 303.123 - prohibition against commingling; 34 CFR 303.124 - prohibition against supplanting; 34 CFR 303.125 - fiscal control; 34 CFR 303.126 - payor of last resort; 34 CFR 303.127 - assurance regarding expenditure of funds; 34 CFR 303.128 - traditionally underserved groups

The State of Arizona makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act (IDEA) Amendments of 1997:

1. The State will provide reports containing information the Secretary may require, keep records and afford access to those records as the Secretary may find necessary to assure the correctness and verification of reports and proper disbursements of funds provided under IDEA, Part C.
2. The control of federal funds made available under IDEA, Part C and title to property acquired with those funds is in the Department of Economic Security for the uses and purposes provided by IDEA, Part C. The Department of Economic Security administers the funds and property.
3. Federal funds made available under IDEA, Part C will not be commingled with State funds.
4. Federal funds made available under IDEA, Part C will be used to supplement and increase the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case will be used to supplant such State and local funds.
5. Fiscal control and fund accounting procedures will be adopted as necessary to assure proper disbursement of, and accounting for, Federal funds under IDEA, Part C.
6. The State will not use its IDEA, Part C funds to satisfy a financial commitment for services which would have been paid for from another public or private source but for the enactment of Part C -- except that whenever considered necessary to prevent a delay in the timely provision of services to an eligible child or family, the IDEA, Part C funds may be used to pay the provider of services, pending reimbursement from the agency which has the ultimate responsibility for the payment.
7. Funds paid to the State under IDEA, Part C will be expended in accordance with the provisions of IDEA, Part C including the following activities:
  - To maintain and implement a statewide system of early intervention services for children eligible under IDEA, Part C and their families.
  - For direct services for children who are eligible and their families that are not otherwise provided from other private or public sources.

- To expand and improve services for children who are eligible and their families that are otherwise available, consistent with the requirements iterated in statement #6 above.
  - To provide a free appropriate public education, in accordance with IDEA, Part B to children with disabilities from their third birthday to the beginning of the following school year.
  - To strengthen the statewide system by initiating, expanding, or improving collaborative efforts related to infants and toddlers who may be at-risk, including establishing linkages with appropriate public and private community-based organizations, services, and personnel.
8. Policies and practices have been adopted to ensure meaningful involvement of traditionally underserved groups, including minority, low-income and rural families, in the planning and implementation of all the requirements of this part and to ensure that families have access to culturally competent services within their local geographical areas.

## NON-CONSTRUCTION PROGRAMS ASSURANCE

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 CFR 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits

- discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and §§1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), which prohibits discrimination on the basis of disabilities; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. 3601, et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or

- federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
  9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. § 276a to 276a-7), the Copeland Act (40 U.S.C. 276c and 10 U.S.C. Sec. 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. § 327-333) regarding labor standards for federally assisted construction sub agreements.
  10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
  11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. Sec. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
  12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. Sec. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
  13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).
  14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research development, and related activities supported by this award of assistance.
  15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling and treatment of warm-blooded animals held for research, teaching or other activities supported by this award of assistance.
  16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. Sec. 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residential structures.
  17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable  
requirements of all other Federal

laws, executive orders, regulations  
and policies governing this program.

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Signature of Authorized Certifying Official  
John L. Clayton

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Date

## **CERTIFICATIONS REQUIRED BY EDGAR**

In accordance with 34 CFR 76.104, the Arizona Department of Economic Security assures:

1. that the application is submitted by the Arizona Department of Economic Security, the State Agency that is eligible to submit the application.
2. that the Arizona Department of Economic Security has authority under State Law to perform the functions of the State under the program.
3. that the State legally may carry out each provision of the application.
4. that all provisions of the application are consistent with State law.
5. that the Director of the Arizona Department of Economic Security, specified by title in the certification, has authority under State law to receive, hold and disburse Federal funds made available under the application.
6. that the Director of the Arizona Department of Economic Security has authority to submit the application.
7. that the Arizona Department of Economic Security has adopted or otherwise formally approved the application.
8. that the application is the basis for State operation and administration of the program.

**CERTIFICATIONS REGARDING  
LOBBYING, DEBARMENT,  
SUSPENSION AND OTHER  
RESPONSIBILITY MATTERS; DRUG-  
FREE WORK PLACE**

**1. Lobbying --**

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 34 CFR Part 82, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 34 CFR Part 82, Sections 82.105 and 82.110, the applicant certifies that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal grant or cooperative agreement;
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants, and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

**2. Debarment, Suspension and Other  
Responsibility Matters-**

As required by Executive Order 12549, Debarment and Suspension, and implemented at 34 CFR Part 85, for prospective participants in primary covered transactions, as defined at 34 CFR Part 85, sections 85.105 and 85.110 --

A. The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
  - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
  - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

**3. Drug-Free Workplace (Grantees Other than  
Individuals)**

As required by the Drug-Free Workplace Act of 1988, and implemented at 34 CFR Part 85, Subpart F, for grantees, as defined at 34 CFR Part 85, Sections 85.605 and 85.610

A. The applicant certifies that it will or will not continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;



(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employees in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W., (Room 3124, GSA Regional Office Building No. 30, Washington, D.C. 20202-4571. Notice shall include the identification number(s) of each affected grant:

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employees to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such

purposes by a Federal, State or local health, law enforcement or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

**B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:**

**Place of Performance**

AZ Department of Economic Security  
The Arizona Early Intervention Program  
3839 North Third Street, Suite 304  
Phoenix, AZ 85012

**This certification covers the following participating state agencies:**

Arizona Department of Economic Security  
Arizona Department of Education  
Arizona Department of Health Services  
Arizona Health Care Cost Containment System  
Arizona State Schools for the Deaf and the Blind

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

Name of Applicant: Arizona Department of Economic Security (Lead Agency)

Project Name: The Arizona Early Intervention Program

Name of Authorized Representative: John L. Clayton

Title of Authorized Representative: Director

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Signature

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Date

## **SUBPART B - STATE APPLICATION for a GRANT**

### **GENERAL REQUIREMENTS FOR A STATE APPLICATION**

**SUBJECT:                   SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY**           34 CFR 303.140 - general; 34 CFR 303.141 - information about the council; 34 CFR 303.142 - designation of a lead agency; 34 CFR 303.143 - designation regarding financial responsibility; 34 CFR 303.144 - assurance regarding use of funds

It is the policy of the State of Arizona to continuously develop and implement a statewide, comprehensive, coordinated, interagency, multidisciplinary system for providing early intervention services to all children who are eligible under IDEA, Part C, and their families, including Native American infants and toddlers with disabilities, and their families who reside on a reservation geographically located in the State. This policy, stated in Executive Order 89-11 and an intergovernmental agreement among the five participating agencies, incorporates all of the components of the statewide system that are required under IDEA, Part C.

Under Executive Order 89-11, the Governor of Arizona established the State Interagency Coordinating Council and designated the Department of Economic Security (DES) as the Lead Agency for the State's Part C system to be responsible for the administration of that system. Within the Department, the Director of DES designates the office of the Arizona Early Intervention Program (DES/AzEIP) to carry out the functions and activities of administering the system, including the administration of funds under this part, identification and coordination of resources available to the State from federal, state and local sources, and the assignment of financial responsibility among appropriate agencies. Funds received under IDEA, Part C will be used to assist the State to maintain and implement the statewide system as described throughout this application.

**Description Of Use Of Part C Funds (2003)**

Total Amount or Percentage of Part C Funds Used for Lead Agency Administrative Positions: \$ 510,735

**List administrative position, salary, percentage of salary paid for with Part C funds, and description of duties.\***

(Add columns and rows as needed)

<b>Position</b>	<b><u>FTE</u></b>	<b>Salary</b>	<b>Fringe</b>	<b>% Part C</b>	<b>Description of Duties</b>
Executive Director	1.0	\$ 61,119	\$ 20,169	100%	Administer all activities of the program, including system development, implementation and management, act as a liaison with OSEP, maintain interagency agreements, assure coordination across state agencies, tribal governments, local and state interagency coordinating councils, and supervise staff.
Management Information Specialist	1.0	\$ 65,694	\$ 21,679	100%	Facilitate and implement interagency database design and management, gather and synthesize data for OSEP Data reports and Annual Performance Reports, provide technical support to DES/AzEIP, contractors and agency counterparts, interpret and ensure compliance with DES technology policy, act as liaison with the Division of Technology Services and the technology divisions of other State agencies
Social Services Administrators	3.0	\$157,208	\$ 51,879	100%	Facilitate and implement activities related to professional development, evaluation and monitoring, and technical assistance to community coordinators, agency personnel and contractors.
Administrative Services Officer	1.0	\$ 43,772	\$ 14,445	100%	Manage the DES/AzEIP budget and all DES/AzEIP accounts and contracts, develop and maintain internal tracking system, and coordinate development of Request for Proposals and other procurement processes.
Administrative Assistant	1.0	\$ 31, 518	\$ 10, 401	100%	Provide administrative support to Executive Director and the program specialists, supervise secretarial staff, manage data entry, format, order and disseminate public awareness materials, and coordinate correspondence.
Secretary	1.0	\$ 24,700	\$ 8,151	100%	Clerical responsibilities for the office, coordinate travel and answer the phone.

\*Do not duplicate any information that appears on other charts. If needed, prorate percentage of salary and fringe.

### Description Of Use Of Part C Funds Continued

**Total Amount or Percentage of Funds Utilized by Lead Agency for Maintenance and Implementation Activities: \$ 1,910,457**

List major activities. Activities could include CSPD, contracted staff to provide technical assistance and data analysis, and expenses to administer the program not included under "Administrative Positions."\*

(Add columns and rows as needed)

Major Activity	Part C Funds to be Spent	Description of Activities
Family Advocacy and Support	\$ 44,000	<ul style="list-style-type: none"> <li>• Training in leadership, advocacy, web-based training and research</li> <li>• Stipends for attendance at program planning and implementation meetings</li> <li>• Honorariums to support family review and consultation on policies and procedures, system models and supporting materials</li> <li>• Scholarships to attend conferences</li> </ul>
Comprehensive System for Personnel Development	\$556,000	<ul style="list-style-type: none"> <li>• The personnel development contract with Northern Arizona University, Institute for Human Development develops and manages the AzEIP Standards of Practice</li> <li>• Training in IFSP development, early intervention practice, natural environments and supervision</li> <li>• Scholarships for conferences and workshops</li> <li>• Technical assistance activities related to implementation of AzEIP Standards of Practice, IFSP redesign and natural environments</li> <li>• Due Process and Mediation - Training for hearing officers and mediators and costs associated with conducting due hearing processes and mediations.</li> </ul>
Public Awareness and Dissemination	\$139,500	Public awareness and dissemination activities include the production, translation, duplication, assembly and distribution of AzEIP publications (i.e. All About Me, Family Rights materials, Every Step Counts), and public service announcements.
General Supervision, Monitoring and Data Collection	\$ 97,000	Monitoring activities include: the development of models, procedures and protocols, training for personnel on policies, procedures and protocols, and activities to increase parent involvement in AzEIP evaluation. Database design and management activities include: collaboration

		with agency representatives to identify data sharing and reporting requirements, training and technical assistance for data entry personnel, maintaining consultant contracts to assist with database design and maintenance.
Program Coordination and Child Find	\$783,655	Program coordination activities include implementation of child find and public awareness activities, facilitation of local management teams designed to promote interagency coordination and family leadership at the local level.
Operating and Other Administrative Expenses not included under "Administrative Positions"	\$290,302	<ul style="list-style-type: none"> <li>• Consulting and technical support for web maintenance and computer programming</li> <li>• DES/AzEIP Staff Travel and Professional Development</li> <li>• Materials and supplies, software, printing and duplicating, postage, telephone, interpreter services</li> <li>• Advertising, maintenance contracts, and office rental</li> <li>• Equipment</li> <li>• Indirect Costs</li> </ul>

\*Do not duplicate any information that appears on other charts. If needed, prorate percentage of salary and fringe.

**Description Of Use Of Part C Funds Continued**

Total Amount or Percentage of Part C Funds Used for Direct Services: \$ 2,260,688

Describe the direct services the State expects to provide including information about **each** type of service, the approximate amount or percentage of funds for the service, and a summary of the methods to be used to provide the service.\*

(Add columns and rows as needed)

<b>Direct Service</b>	<b>Part C Funds To be Spent</b>	<b>Summary of Methods to be Used to Provide the Service</b>
DES/AzEIP Contracted Early Intervention Services	\$929,338	The array of early intervention services is provided through contracts, intergovernmental agreements and interagency service agreements with DES/AzEIP
Interim Service Coordination	\$362,917	The Interim Service Coordination process supports families in accessing AzEIP by facilitating the intake and eligibility process. Interim service coordination activities are implemented through contracts with individuals and programs in each district.
Initial Planning Process Contracts	\$968,433	The Initial Planning Process contracts will be established in September 2003 and will fulfill all functions currently implemented through interim service coordination and ADHS evaluation contracts, include response to a referral, explanation of early intervention services and procedural rights and safeguard, evaluation, eligibility determination, and if appropriate the development of the first IFSP.

\*Do not duplicate any information that appears on other charts. If needed, prorate percentage of salary and fringe.



Description Of Use Of Part C Funds Continued

Activities by Other Agencies

Total Amount or Percentage of Part C Funds Used: \$ 3,466,966

If other agencies receive a portion of the Part C federal funds, include the name of the agency, the approximate amount or percentage of funds each agency will receive, and a summary of the purposes for which the funds will be used.

(Add columns and rows as needed)

Agency Receiving Funds	Amount or Percentage of Funds	Purpose
Department of Economic Security/Division of Developmental Disabilities	\$2,528,340	Facilitate interagency collaboration, train and monitor personnel, provide service coordination and other early intervention services, and enhance existing programs and address local service gaps.
Arizona Department of Health Services	\$ 846,617	Facilitate interagency collaboration, train and monitor personnel, provide evaluation services, service coordination and other early intervention services, and enhance existing programs and address local service gaps.
Arizona State Schools for the Deaf and the Blind	\$ 92,009	Facilitate interagency collaboration, train and monitor personnel, provide service coordination, evaluation services, and other early intervention services, and enhance existing programs and address local service gaps.

**Description Of Use Of Part C Funds Continued**

**INTERAGENCY COORDINATING COUNCIL (ICC)**

Total Amount or Percentage of Part C Funds Used for ICC Administrative Positions and Salaries: \$  
0

List administrative position, salary, percentage of salary paid for with Part C funds, and description of duties.\*

(Add columns and rows as needed)

Position	Salary and Fringe	% Part C	Description of Duties
N/A			

\*Do not duplicate any information that appears on other charts. If needed, prorate percentage of salary and fringe.

**Total Amount or Percentage of Part C Funds Used for ICC Maintenance and Implementation**  
**Activities: \$ 45,000**

List major activities. Activities could include training, support for the ICC (travel), and other implementation and development activities of the ICC.\*

(Add columns and rows as needed)

Major Activity	Part C Funds to be Spent	Description of activities
Interagency Coordinating Council	\$ 45,000	Funds will be used to support travel and stipends in accordance with IDEA. The ICC purchases facilitation services for periodic retreats and dedicates funds to support ICC members in attending workshops to cultivate leadership and facilitation skills. Funds are also allocated to support ICC members' attendance at conferences.

\*Do not duplicate any information that appears on other charts. If needed, prorate percentage of salary and fringe.

**SUBJECT:                   SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY                34 CFR 303.146 - information about public participation**

Prior to the adoption of any policy necessary to meet the requirements of Part C DES/AzEIP and AzEIP participating agencies, with assistance from the ICC, solicits public comment for a minimum of sixty (60) days.

During the public comment period, the general public, including individuals with disabilities and parents of infants or toddlers with disabilities, may submit comments by telephone, fax, letter or e-mail to DES/AzEIP or during public hearings, which are publicized with the original posting of the proposed policy. Procedures for submitting public comment are outlined in public comment announcements.

DES/AzEIP distributes proposed policy and/or information about accessing proposed policy statewide via e-mail, newsletter, mail, and/or meeting presentations to the AzEIP participating agencies, the ICC and its committees, local program coordinators, interim service coordinators, early intervention contractors and families.

AzEIP participating agencies distribute information to their employees, contractors and families via agency mechanisms for communication.

Local program coordinators distribute information to management teams.

The ICC and its committees, DES/AzEIP and AzEIP participating agency employees and contractors, and management teams are encouraged to inform as broad a range of contacts as possible.

Clarification of existing policies is not subject to public participation requirements.

AzEIP policies not specifically developed to meet the requirements of Part C are not subject to public participation requirements.

The State of Arizona Application for Federal Funds Under Part C of the Individuals with Disabilities Education Act Fiscal Year 2001 was released for public comment from January 12, 2001 through March 14, 2001. Announcement of the Public Comment period and copies of the Application were disseminated to AzEIP participating agencies, local program coordinators, and the ICC for distribution as noted above. Public comment hearings were held in northern, central and southern Arizona; hearings were publicized in newspapers (Appendix A).

**SUBJECT:                   SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY:               34 CFR 303.147 - service to all geographic areas**

DES/AzEIP, which is directly supervised by the Director's Office of the Department of Economic Security, administers Part C funds, assigns financial responsibility among appropriate agencies, and ensures that resources are made available under this part for all geographic areas within the State.

DES has divided the State into six districts. Within each district, local program coordinators work with management teams and other community partners to ensure that public awareness and child find activities are culturally and linguistically appropriate, ongoing and designed to identify all potentially eligible children residing in each district.

Local program coordinators and management teams develop partnerships with the Indian Health Service and with tribal authorities in planning public awareness and child find activities on the reservations, of which there are 21 in the State.

DES/AzEIP and local program coordinators work with management teams and other community partners to ensure that districts are well represented in all aspects of AzEIP planning and implementation.

The Children's Information Center Hotline, which is the central directory for the state, has a statewide 1-(800) number and Spanish-speaking personnel available to answer calls. The toll-free number is 1-800-232-1676. The TDD number is (602) 256-7577.

#### **General Education Provision Act §427**

All AzEIP participating agencies have served, and will continue to serve, all racial and ethnic groups within the State. All participating agencies provide services throughout the State; thus providing access for all cultural groups in urban and rural locations, including Native Americans living on reservations geographically located in the State.

The State of Arizona maintains contracts to provide interpreting and translating services in 140 different languages, including the major Native American languages used in Arizona and American Sign Language (ASL). Contracts are available to AzEIP participating agencies as resources for document translation and conversational interpretation services, making translation and interpretation readily available to meet a wide variety of needs, including, but not limited to, documents and forms, telephone conversations, and meetings. AzEIP public awareness materials are available in Spanish and English.

As a provision of the DES/AzEIP contract for interim service coordination, contractors who facilitate the initial entry and eligibility determination process are required to provide translation and interpretation for non-English speaking families.

Facilities used for meetings must meet the accessibility requirements of the Americans with Disabilities Act. All public meeting agendas include the statement to encourage people with disabilities or special needs to request appropriate accommodations to ensure their active participation on all committees, conferences, public hearings and meetings.

To encourage the participation of family members, AzEIP State and local activities are planned with the awareness of the needs to accommodate working parents. AzEIP Family Saturdays were developed to encourage the fullest participation of both fathers and mothers. AzEIP further supports full family participation by providing family stipends.

**SUBJECT: SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY:** 34 CFR 303.148 - transition to preschool programs  
Individualized Education Programs: 34 CF R300.340 - definitions related to IEPs; 34 CF R300.341 - responsibility of SEA and other public agencies for IEPs; 34 CF R300.342 - when IEPs must be in effect; 34 CF R300.343 - IEP meetings; 34 CF R300.3444 - IEP team; 34 CF R300.345 - parent participation; 34 CF R300.346 - development, review, and revision of IEP; 34 CF R300.347 - content of IEP; 34 CF R300.348 - agency responsibilities for transition services; 34 CF R300.349 - private school placements by public agencies; 34 CF R300.350 - IEP accountability  
ARS 15-771 - Preschool programs for children with disabilities; definition

DES/AzeIP and ADE, with advice and assistance from the ICC, has adopted policies and procedures to assure a smooth transition from Part C programs to Part B preschool programs, to minimize the number of transitions and disruptions for parents and families, to assure the provision of a free appropriate public education on and after a child's third birthday, and to identify the responsibilities of each agency during the transition process. These procedures are based upon an Intergovernmental Agreement between the Department of Education and the Department of Economic Security (Appendix B). These procedures apply to all participating agencies.

Definitions

1. Comprehensive Developmental Assessment: an assessment which includes a review of the child's medical history and current health records and identifies, through the use of acceptable instruments and procedures, the developmental status of the child in the skill areas of: cognition, physical (including vision and hearing screening), language and speech, psychosocial and self-help for the purposes of determining areas of suspected disability and providing information regarding appropriate programmatic goals and objectives.
2. Transition team: a team consisting, at minimum, of the child's parent(s), early intervention service coordinator, representative of the current program provider and local education agency (LEA) representative(s).
3. Transition conference: a meeting to occur, with the consent of the parents, between the time the child is two years six months and two years nine months of age to: a) identify existing assessment components; b) plan for the completion of the necessary additional assessment components by the appropriate agency; c) establish a plan for parental visitation to the LEA program sites, d) establish tentative timelines and activities for the child's transition into the LEA educational system, e) review the child's program options from the child's third birthday to the end of the school year.
4. Individualized Education Program (IEP): a written statement for each eligible child, developed, reviewed and revised in accordance with the statute and including a statement of, a) present levels of educational performance; b) measurable goals and benchmarks or short-term objectives; c) a statement of the special educational services and related services to be provided d) an explanation of the extent to which the child will not participate with non-disabled children, e) a statement regarding participation in state and district-wide

assessments, f) the projected dates, duration and location for service and, and g) a statement of how parents will be informed of their child's progress.

5. Individualized Family Service Plan (IFSP): a written plan developed by a multidisciplinary team, including the parent or guardian, which includes statements of: a) the child's present levels of development; b) the family resources, priorities and concerns; c) the major outcomes expected; d) the specific early intervention services necessary and the method and environments of service provision; e) the projected dates of service; f) the name of the service coordinator; and g) the transition plan.
6. IEP/IFSP conference: a meeting to occur no later than the month prior to the child's third birthday to determine appropriate programming to occur on and after the third birthday. Required participants are the child's parent(s), the early intervention service coordinator, a representative of the child's current program provider, a special educator, a LEA administrator and an early childhood teacher. The conference is called an IEP/IFSP conference because the results could be the development of an IEP or an IFSP.
7. Logical school transition period: The provision of free appropriate public education (FAPE) is required on the child's third birthday. The logical school transition period identifies the maximum time limit for the transfer of responsibility for the provision of FAPE from the early intervention system to the LEA.
  - For children who turn three years of age before September 1, the logical transition period is the first day of that school year.
  - For children who turn three between September 1 and December 1, the logical transition is **either** the first day of that school year (if permitted by LEA policy - see Note) or the first school day following the Thanksgiving holiday.
  - For children who turn three between December 2 and December 31, the logical transition period is either within ninety days prior to the child's third birthday (if permitted by LEA policy - see Note) or the first school day following the Christmas holiday.
  - For children who turn three after December 31 of the school year, the next logical transition period should be determined by the transition team, but, in no event, should it be later than the beginning of the next school year.

Note: State statute permits, but does not require, LEAs to admit preschool children with disabilities up to 90 days prior to the third birthday. The Governing Board of each LEA is responsible for determining its policy.

8. Multidisciplinary Evaluation Team: a team consisting of those individuals involved in the assessment of the child for special education services. At minimum, the team consists of two professionals, one of whom must be a specialist in a field relevant to the child's suspected disability and the parent(s) of the child.
9. Local Education Agency (LEA): The School District in which the child resides.
10. Service coordinator: the individual responsible for coordination of services for a child in the early intervention program. May also be called a Support Coordinator.
11. Parent(s): a parent, guardian, or person acting as a parent or surrogate parent (as defined in A.R.S. 15-761).

12. Free appropriate public education (FAPE): special education and related services which a) are provided at public expense, under public supervision and direction, and without charge; b) meet the standards of the State education agency; c) include preschool, elementary school, and/or secondary school education in the State; d) are provided in conformity with an individualized education program which meets the requirement under Federal regulations.

## **Agency Responsibilities**

### Transition Conference

#### Early Intervention Agency

With parental consent, the early intervention service coordinator is responsible for arranging for the Transition Conference to be held between the time the child is two years six months and two years nine months of age. The purpose of this meeting is to establish a transition plan. The transition team, as defined, is to be participants in this conference. The service coordinator is also responsible for providing the assessment information available about the child and a copy of the child's current IFSP to the LEA for presentation and discussion at the conference. The service coordinator is the facilitator at the transition conference.

The representative of the child's current program provider is responsible for providing information orally and in writing regarding the child's program and progress within that program to all transition team members.

#### Local Education Agency

The LEA representative is responsible for providing information educational programs for preschool children available through the district, including those with and without disabilities. The LEA representative is responsible for providing the parents with eligibility requirements for preschool special education services including evaluation components and special education classifications. The LEA representative is also responsible for providing the parent a copy of the parents' rights and procedural safeguards that becomes effective upon the child's third birthday.

The LEA representative is responsible for working with the parent(s) to plan for visitations to possible preschool options and to establish tentative timelines for the child's transition into the LEA system.

### Assessment

#### Early Intervention Agency

The service coordinator will obtain written parental consent and will have the following assessment components completed or updated within the last six months and available to the LEA by the time the child is two years six months of age:

1. vision and hearing screening results
2. developmental and medical history, and



3. a comprehensive developmental assessment which may contain either criterion referenced or norm referenced information

Following the transition conference, the agency responsible for early intervention services will complete other assessment components as determined by the transition team.

#### Local Education Agency

The LEA will complete the following assessment components prior to the child's entering the LEA preschool but no later than the third birthday:

1. norm-referenced standardized measures in the areas of suspected disability as identified by the comprehensive developmental assessment
2. Parental survey measure(s) selected to provide formal parental input into the assessment process/areas of concern. Participation in this component is voluntary on the part of the parent.
3. Other educational assessment components as determined by the transition team.

#### Eligibility Determination

##### Early Intervention Agency

If the child is not eligible for special education, the early intervention service coordinator shall, with the consent of the parent, make reasonable efforts to convene a conference with providers of other appropriate services to discuss services the child may receive.

##### Local Education Agency

The LEA is responsible for determining eligibility for special education services. The determination shall be made by the Multidisciplinary Evaluation Team.

If the child is not eligible for special education services, the LEA is responsible for explaining the results of the evaluation to the parents and the child's service coordinator and for providing notice of procedural safeguards. The LEA should assist the parents in determining the extent of continuing support through other agencies.

If the child is eligible for special education, the LEA is responsible for conducting the IEP/IFSP conference, obtaining appropriate parental consent, and offering appropriate services to the child.

#### IEP/IFSP Conference

##### Early Intervention Agency

It is the responsibility of the service coordinator to attend the IEP/IFSP conference. The service coordinator will present information about non-educational services, which may be available to the child through the State agency, once the responsibility for educational services has been transferred to the LEA. If the early intervention agency is the Division of Developmental Disabilities, the service coordinator will also present the requirements for continuing eligibility for the Division of Developmental Disabilities and Arizona Long Term Care System services once the sixth birthday is reached.

A representative of the provider responsible for the child's current program is to attend the IEP/IFSP conference. It is the responsibility of that representative to offer insights into the needs of the child and to offer input regarding appropriate programming.

#### Local Education Agency

The LEA is responsible for arranging and facilitating the IEP/IFSP conference to determine appropriate programming for the child on and after the third birthday. LEA participants include a special education teacher, a member of the evaluation team, and an administrator (or designee) with the authority to commit the resources of the district. The LEA will notify the child's service coordinator and service provider of the meeting.

#### Initiation/Continuation of Service after the Third Birthday

##### Early Intervention Agency

If it is determined by the IEP/IFSP team that the appropriate educational program for a child is to be maintained in the Early Intervention Program, the child may stay in that program until the next logical school transition period or until a change in program or services is necessary, whichever occurs first. For the period of time the child remains within the early intervention system after the third birthday, the early intervention agency is responsible for providing or paying for the provision of appropriate educational services at no cost to the family.

##### Local Education Agency

Once the next logical school transition period arrives or the IEP/IFSP team determines that the most appropriate placement for a child requires a change in program or services, whichever occurs first, the LEA assumes responsibility for providing or paying for the provision of services. If, at any time after the child's third birthday, the parent requests the LEA to assume responsibility for FAPE, the LEA will do so.

#### Training of Personnel

The Lead Agency for the early intervention system and the Department of Education shall collaborate in providing joint training of early intervention service coordinators and LEA personnel who are involved in the transition of families from early intervention to preschool services.

#### Referrals for Service

##### Early Intervention Agency

When a new intake is being conducted for a child who is two years six months of age or older, the service coordinator, with consent from the parent, will request the participation of the LEA in the initial assessment, eligibility determination and education planning for the child.

**SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES**

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
General**

**AUTHORITY:            34 CFR 303.300 State eligibility criteria and procedures  
ARS 8-651 - Definitions**

The State of Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition, which has a high probability of resulting in a developmental delay, as outlined in the state's definition. The state's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.

A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 per cent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:

- physical: fine and/or gross motor/sensory (includes vision and/or hearing)
- cognitive
- language/communication
- social or emotional
- adaptive (self-help)

Determination that a child is developmentally delayed will be based on professional evaluation, including informed clinical opinion, and will include parental involvement and input.

Established conditions that have a high probability of developmental delay include, but are not limited to:

- chromosomal abnormalities
- metabolic disorders
- hydrocephalus
- neural tube defects (e.g. spina bifida)
- intraventricular hemorrhage, grade 3 or 4
- periventricular leukomalacia
- cerebral palsy
- significant auditory impairment
- significant visual impairment
- failure to thrive
- severe attachment disorders

Determination that a child has an established condition will be based on diagnosis by a qualified physician or other qualified professional (e.g., audiologist) and medical records, and will include the use of informed clinical opinion.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
General**

**AUTHORITY:            34 CFR 303.301 - central directory**

DES/AzeIP ensures that Arizona has developed a Central Directory of information, which is operational and includes the following information:

- public and private early intervention services, resources and experts available within the state
- research and demonstration projects being conducted in the State
- professional and other groups, nationally and locally, that provide assistance to infants and toddlers with special needs, and their families

The Central Directory of information provides sufficient detail to:

- ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory
- enable the parent of an eligible child to contact, by telephone or letter, any of the sources listed in the directory

The Central Directory shall be:

- updated at least annually, through coordination with other information and referral systems
- available in each geographic region, including rural areas
- available in places and in a manner which is accessible to persons with disabilities

The toll-free number for the Central Directory is 1-800-232-1676. The TDD number is (602) 256-7577.

The central directory is widely publicized through general distribution print media. The telephone number for the Children's Information Center (CIC) is included in the public awareness materials developed and disseminated by AzeIP, which include TV public service announcements, brochures, physician education materials, and others. Information about the CIC is also printed periodically in a variety of newsletters, which are disseminated statewide to both parents and professionals.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
Identification and Evaluation**

**AUTHORITY:               34 CFR 303.320 - public awareness program**

DES/AzEIP coordinates with AzEIP participating agencies, community and state partners to ensure that a statewide public awareness system that focuses on the early identification of children who are eligible to receive early intervention services under this part is developed, implemented, and maintained. The public awareness system includes the preparation and dissemination of materials for parents on the availability of early intervention services to all primary referral sources, especially hospitals and physicians. The public awareness system informs the public about—

- (a) the State's early intervention program;
- (b) the child find system, including—
  - (1) the purpose and scope of the system;
  - (2) how to make referrals; and
  - (3) how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
- (c) the central directory.

**DES/AzEIP, AzEIP participating agencies and local program coordinators promote public awareness and understanding of the Arizona Early Intervention Program through interagency planning and dissemination of public awareness materials; provision of training and technical assistance; and the development of partnerships within the early child care and education, health and human service systems, and the business communities. Public awareness is a continuous, ongoing effort that is in effect throughout the State, including rural areas.**

#### **Interagency Planning and Implementation**

The AzEIP public awareness plan, materials, and training and technical assistance activities are developed and/or reviewed by the State interagency team and the local program coordination team to insure consistency and accuracy of content and identifiers/logos. Public awareness materials describe AzEIP procedures for referral for evaluation and assessment and, as appropriate, provision of services, to facilitate referral from primary referral sources.

#### **Primary referral sources include:**

- hospitals, including prenatal and postnatal care facilities;
- physicians;
- parents/families;
- child care programs;
- local educational agencies (LEAs);
- public health facilities;
- other social service agencies; and
- other health care providers.

**Dissemination**

DES/AzEIP and local program coordinators, with assistance from the regional management teams, disseminate materials to all primary referral sources, such as pediatrician's offices, obstetrician's offices, hospitals, child care and education programs and other sources as indicated in the AzEIP public awareness plan.

AzEIP participating agencies disseminate materials within their agencies and through existing outreach mechanisms.

**Tracking**

DES/AzEIP, AzEIP participating agencies and AzEIP contractors track the dissemination of AzEIP materials by primary referral sources, recording the frequency with which replacement materials are requested and the total number of brochures and other materials provided to each primary referral source. Data is reported to DES/AzEIP on a quarterly basis.

**Evaluation and modification**

In coordination with DES/AzEIP and local management teams, program coordinators and AzEIP participating agencies review tracking data quarterly, evaluate the extent to which primary referral sources are disseminating AzEIP information and modify strategies as necessary.

**Training and technical assistance**

Local program coordinators, with assistance from management teams, provide training and technical assistance to targeted medical, education, human service and child care program as indicated in the public awareness plan.

AzEIP participating agencies provide training and technical assistance within their agencies and for state and community partners.

Training and technical assistance includes information about AzEIP, the child find system, and the central directory. Themes frequently encountered during training and technical assistance activities are noted and reported to DES/AzEIP biannually to be addressed by all public awareness activities.

**Integration into state and community systems and programs**

Local program coordinators, with assistance from management teams, identify potential community partners, and develop local partnerships by facilitating the understanding of the role and scope of the early intervention system, and participating on relevant planning and/or advisory committees.

**SUBJECT: SUBPART D - PROGRAM and SERVICE COMPONENTS of a STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES – Identification and Evaluation**

**COMPREHENSIVE CHILD FIND SYSTEM**

**AUTHORITY:** 34 CFR 303.321 - comprehensive child find system

DES/AzEIP, in coordination with AzEIP participating agencies and local program coordinators, implements a child find system to identify, locate and evaluate all infants and toddlers in Arizona who are eligible for services under this part and determine which children are receiving needed early intervention services. All Child Find activities are coordinated to be consistent with provisions of Part B of IDEA.

**Coordination**

DES/AzEIP, with the advice and assistance of the Interagency Coordinating Council, shall ensure that the child find system for infants and toddlers is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for implementing the various education, health, and social service programs relevant to AzEIP, tribes and tribal organizations that receive payments under Part C, and other tribes and tribal organizations as appropriate, including efforts in the –

- Part B of the Act;
- Maternal and Child Health programs under Title V of the Social Security Act;
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) under Title XIX of the Social Security Act;
- Developmental Disabilities Assistance and Bill of Rights Act;
- Head Start Act; and
- Supplemental Security Income program under Title XVI of the Social Security Act.

DES/AzEIP, as Lead Agency, with the advice and assistance of the Interagency Coordinating Council, assures that there will not be unnecessary duplication of effort by the agencies involved in the Part C Child Find system. The resources of each public agency will be utilized to implement the Child Find system in the most efficient manner.

DES/AzEIP, AzEIP participating agencies (public agencies) and their appropriate contractors facilitate the identification, location and evaluation of all potentially eligible children through interagency planning, participating in the public awareness system, screening and referral, and monitoring.

**Interagency Planning**

AzEIP Child Find activities are reviewed biannually by the State interagency team to ensure that there is not unnecessary duplication of effort by the various agencies involved in the AzEIP Child Find system.



The State interagency team, ICC, local AzEIP management teams and local Program Coordinators identify and recruit potential Child Find partners at the State and local levels respectively.

Each AzEIP participating agency ensures that all AzEIP procedures for referral, evaluation and assessment and provision of services, as appropriate, are incorporated into agency policies and procedures and that personnel and employee adherence to these requirements is monitored.

### **Participation in the Public Awareness System**

DES/AzEIP, AzEIP participating agencies and relevant contractors participate in the development and distribution of AzEIP public awareness materials to ensure that primary referral sources are informed about AzEIP procedures for referral for evaluation and assessment and, as appropriate, the provision of services within required timelines.

- DES/AzEIP, the State Interagency Team, appropriate AzEIP participating state agency personnel and contractors develop public awareness materials, including presentations, brochures and other media, that consistently describe: 1) the purpose and availability of early intervention services, 2) the process for making referrals, 3) criteria for eligibility, and 4) the obligation to ensure that referrals are made no more than *two* working days after a professional has identified a potentially eligible child.
- DES/AzEIP and AzEIP participating agencies provide training and materials to appropriate employees, contractors, and related programs within their agencies to support local public awareness and child find efforts.
- Local AzEIP Program Coordinators and AzEIP participating agencies facilitate local public awareness and child find efforts by distributing public awareness materials, physician referral forms and other information as appropriate, to physicians, hospitals, public health nurses, social service organizations, Head Start, child care centers, WIC offices, immunization clinics, faith-based organizations, tribal early childhood programs and other referral sources.
- Local Program Coordinators present to primary referral sources and participate in related boards and community advisory councils to ensure that the broader community is informed of the availability of early intervention services, AzEIP eligibility criteria and how to make a referral to AzEIP in their local areas.

### **Coordination with community-based developmental screening**

AzEIP local Program Coordinators and Management Teams coordinate with community initiatives and events that offer developmental screenings to individual children and families to increase community awareness of and access to AzEIP.

The screening activities are not a necessary step for entry into the AzEIP system. Screening cannot be used to determine AzEIP eligibility.

Upon identification of potential eligibility, primary referral sources refer the child and family to the appropriate agency for evaluation and assessment or, if appropriate, for the provision of an IFSP and early intervention services. This referral is made within two working days, following the identification of the child's potential eligibility. Information and training is provided to primary

referral sources by AzEIP Local Program Coordinators and AzEIP participating agencies, to inform them of eligibility criteria and to identify the AzEIP referral contacts in their local areas.

The Central Directory is linked to the Child Find system.

### **Referral procedures**

AzEIP stipulates that:

- Referrals to AzEIP may be received from any source
- Referral sources are informed of their responsibility to refer a child no more than two (2) working days after a child has been identified as potentially eligible
- AzEIP Interim Service Coordinators maintain toll free phone numbers for use by families and referral sources. The toll free number is identified on public awareness materials and is broadly advertised to referral sources and local communities.
- Once AzEIP receives a referral, an (Interim) Service Coordinator shall be appointed as soon as possible and contact the family within two (2) working days of the referral date
- All AzEIP personnel, employed or contracted, shall recognize a single referral date
- Within 45 days of the referral date, the AzEIP participating agencies, employees, and contractors, shall ensure the completion of evaluation and assessment activities (as described in CFR §303.422), and hold the IFSP meeting (as described in CFR §303.342).
- After AzEIP receives a referral, the interim service coordinator will complete a referral feedback report and send it to the referral source. This report will acknowledge receipt of the referral, and describe the general steps taken in response to a referral.

### **Monitoring**

- Interim Service Coordinators, regardless of agency affiliation or funding source, track and report the sources of all referrals by type/category and quantity to their respective agencies on a quarterly basis.
- AzEIP participating agencies synthesize referral information by county, and report to DES/AzEIP on a quarterly basis.
- DES/AzEIP, the State interagency team and local AzEIP Program Coordinators review and evaluate the compiled referral source data quarterly, and modify public awareness and child find activities accordingly.
- DES/AzEIP and local AzEIP program coordinators track the dissemination of AzEIP materials by primary referral sources to determine the extent to which primary referral sources, especially hospitals and physicians, disseminate the public awareness information. This will be accomplished by recording the frequency with which replacement materials are requested and the total number of brochures and books provided to each primary referral source.

- In the Monthly Service Reports to DES/AzEIP, Local AzEIP Program Coordinators will document all barriers identified which prevent them from fully implementing the Child Find system and coordinate with the Management Teams plans for corrective actions.

**SUBJECT: SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES – Identification and  
Evaluation**

**AUTHORITY:** 34 CFR 303.322 - evaluation and assessment; 34 CFR 303.323 -  
nondiscriminatory procedures

**EVALUATION AND ASSESSMENT**

**Evaluation**

*Evaluation* means those procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility for the Arizona Early Intervention Program.

Evaluations will be conducted by personnel who have been trained to use appropriate methods and procedures. Evaluation will be based on informed clinical opinion, and will include the following:

1. a review of pertinent records related to the child's current health status and medical history;
2. an evaluation of the child's level of functioning in each of the following developmental areas:
  - a. cognitive development
  - b. physical development, including vision and hearing
  - c. communication development
  - d. social or emotional development
  - e. adaptive development;

Evaluation:

- is timely, comprehensive and multidisciplinary
- is administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
- procedures and materials are selected and administered so as not to discriminate on the basis of race or culture;
- is conducted by qualified personnel (DES/AZEIP recommends that one of the evaluation team members represent the child's primary area of concern);
- is based on more than a single procedure as the criterion for determining a child's eligibility;
- incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate.

AZEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings.

## **Assessment**

*Assessment* means ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:

- the child's unique strengths and needs and the services appropriate to meet those needs; and
- the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Assessments will be conducted by personnel who have been trained to use appropriate methods and procedures. Assessment will be based on informed clinical opinion, and will include the following:

1. a review of pertinent records related to the child's current health status and medical history;
2. an evaluation of the child's level of functioning in each of the following developmental areas:
  - cognitive development
  - physical development, including vision and hearing
  - communication development
  - social or emotional development
  - adaptive development; and
3. an assessment of the unique needs of the child in terms of each of the developmental areas listed above, including the identification of services appropriate to meet those needs.

Assessment:

- is administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
- procedures and materials are selected and administered so as not to discriminate on the basis of race or culture;
- is conducted by qualified personnel;
- is shaped by family priorities for their child, as well as by child characteristics and diagnostic concerns;
- is conducted in the settings and under circumstances that have been selected by the family as most appropriate for their child (i.e., where their child will do best);
- incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate and other input (as selected by the parents), including day care providers, grandparents, extended family members, friends, siblings.

AZEIP is not responsible for costs the family incurs in seeking a second opinion on assessment findings.

### Family Assessment

A voluntary family assessment that is family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child may be conducted. Any family assessment will be voluntary on the part of the family, conducted by personnel trained to utilize appropriate methods and procedures, be based on information provided by the family through a personal interview, and incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.

### Nondiscriminatory Procedures

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that tests and other evaluation materials are administered in the native language or other communication mode of the child/family unless clearly not feasible to do so.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that assessment and evaluation procedures and materials are selected and administered so as not to discriminate on the basis of race or culture.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that no single measure shall be used as the sole criterion for determining a child's eligibility.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that evaluation and assessment shall be conducted by qualified personnel.

### Informed Clinical Opinion

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that informed clinical opinion is used in determining a child's eligibility for AZEIP and is especially important if there are no standardized measures or if the standardized procedures are not appropriate for a given age or developmental area.

## **INTERAGENCY PLANNING**

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that a timely, comprehensive, multidisciplinary evaluation is performed for all children who are potentially eligible, ages birth to 36 months. A family-directed identification of the needs of each child's family to appropriately assist the development of their infant or toddler is conducted.

DES/AZEIP ensures that the requirements for assessment and evaluation and nondiscriminatory procedures are implemented by all affected public agencies and service providers through interagency planning, implementation and monitoring with the AZEIP participating agencies and their contractors. Each AZEIP participating agency engages in the development, implementation and monitoring of the following policies regarding evaluation and assessment, and nondiscriminatory procedures.

## **INTERIM SERVICE COORDINATION**

DES/AzEIP, DES/DDD, ADHS and ASDB employ and/or contract with Interim Service Coordinators. Regardless of agency affiliation or funding source, all personnel fulfilling the interim service coordination functions adhere to AzEIP policies and procedures.

Interim Service Coordination facilitates the process across AzEIP. If the child is not eligible for the agency for which the Interim Service Coordinator works, the Interim Service Coordinator will continue to fulfill all interim service coordination functions and adhere to all AzEIP policies and procedures until AzEIP eligibility is determined and the family transitions to service coordination.

If a child is determined AzEIP eligible and eligible for the AzEIP participating agency for which the interim service coordinator works, the interim service coordinator transitions service coordination functions to a service coordinator who will seek additional resources from other AzEIP participating services, as appropriate.

Each family referred to AzEIP works directly with an Interim Service Coordinator to facilitate the initial planning process. The initial planning process includes intake, assessment and evaluation, eligibility determination, transition to service coordination and, at the family's request, IFSP development.

The Interim Service Coordinator informs parents of their rights and procedural safeguards, including the right to appeal the eligibility decision.

Appropriate evaluations conducted prior to referral may be used to support eligibility determination in conjunction with a review of medical records, parent report, and observation. The Interim Service Coordinator will assist the family to enroll with the appropriate agency(ies) and discuss community resources related to the family's priorities.

If current evaluations are not available, the interim service coordinator will facilitate scheduling of appropriate evaluations and assist the family, if needed, in keeping appointments.

## **ELIGIBILITY**

Personnel from the Department of Economic Security, Division of Developmental Disabilities (DES/DDD), Arizona Department of Health Services (ADHS), and the Arizona State Schools for the Deaf and the Blind (ASDB) will determine eligibility for their respective agencies. Agency eligibility and AzEIP eligibility are two separate processes, as a child may be eligible for AzEIP, but not eligible to receive early intervention services from a particular agency.

Evaluation services purchased or funded by Part C facilitate the collection of information to support eligibility for an AzEIP participating agency for children who are AzEIP eligible.

At the completion of the evaluation, if the child is determined eligible for AzEIP, the Interim Service Coordinator will assist the family to become enrolled with the appropriate agency or agencies and facilitate the transition to a service coordinator.

For children who are determined to be ineligible for services, the interim service coordinator will offer tracking of the child's development with the Ages and Stages Questionnaire until the child's third birthday or the family decides not to participate in the Ages and Stages Questionnaire tracking.

system. The Ages and Stages Questionnaire tracking system will be implemented by DES/AzEIP contracted interim service coordinators in accordance with the Ages and Stages procedures and periodicity. The interim service coordinator will assist the family in identifying community resources that may interest the family at the time that the child is determined ineligible. Community resources may include childcare, church playgroups, library storytime, informal and organized parent-to-parent support, and workshops through local schools, hospitals, childcare resource and referral, etc.

### **SERVICE COORDINATION**

Each child and family will be assigned to a primary agency through the initial planning process. The purpose of assigning a primary agency is to ensure that families have only one service coordinator, though services may be provided through multiple agencies.

#### **Primary Agency Assignment**

The Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) will assume the primary agency role for children who are eligible for DES/DDD and have developmental delays or the following established conditions:

- chromosomal abnormality, when the abnormality is known to result in developmental delay
- hydrocephalus
- intraventricular hemorrhage, grade 3 or 4
- periventricular leukomalacia
- cerebral palsy

The Arizona Department of Health Services will assume the primary agency role for children with the following established conditions:

- metabolic disorders
- neural tube defects
- severe attachment disorders
- failure to thrive

The Arizona State Schools for the Deaf and the Blind Outreach Program will assume the primary agency role for the following established conditions:

- significant auditory impairment, when it is the major disabling condition
- significant visual impairment, when it is the major disabling condition

### **TIMELINES**

DES/AzEIP, in cooperation with AzEIP participating agencies, assures that evaluation and initial assessment of the child and family and the development of an IFSP shall be conducted within 45 days of referral to DES/AzEIP, its contractors, any AzEIP participating agency or their contractors.

If exceptional circumstances make it impossible to complete the evaluation and assessment in 45 days, the interim service coordinator, regardless of agency affiliation or funding source, shall submit to their respective agency and the family a timeline exception form, which documents the reason for the delay and the expected date for completion of the evaluation/assessment. An interim IFSP shall be developed as appropriate and consistent with §303. 345 (b)(1) and (b)(2).



An interim IFSP may be developed if:

- the child has obvious, immediate needs that are identified; and
- the requirements for the timely evaluation and assessment are not circumvented.

Quarterly, AzEIP participating agencies will submit to DES/AzEIP copies of all timeline exception reports with a summary of the reoccurring themes identified in the exception reports and the intended corrective action.

**SUBJECT: SUBPART D - PROGRAM and SERVICE COMPONENTS of a STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES - Individualized Family Service Plans (IFSPs)**

**AUTHORITY:** 34 CFR 303.340 - general; 34 CFR 303.342 - procedures for IFSP development, review, and evaluation; 34 CFR 303.343 - participants in IFSP meetings and periodic reviews; 34 CFR 303.344 - content of an IFSP; 34 CFR 303.345 - provision of services before evaluation and assessment are completed; 34 CFR 303.346 - responsibility and accountability

DES/AzeIP, through cooperation with the AzeIP participating agencies, ensures that an Individualized Family Service Plan (IFSP) is developed and implemented for each child who is AzeIP eligible, in accordance with the requirements of IDEA, Part C.

The IFSP belongs to the family – it shall reflect their concerns, perceptions, and desired outcomes; and be written in language the family uses and understands. Early intervention services and supports on the IFSP shall be flexible, accessible, and responsive to the goals of the family. Families shall have access to services and supports that:

- are provided in natural environments;
- are embedded in the family's daily activities and routines; and
- promote the integration of the child and family into the community.

The IFSP process and the services and supports needed and received by a child who is AzeIP eligible and the child's family shall reflect cooperation, coordination, and collaboration among all agencies providing early intervention services. A meeting to develop the initial IFSP must be held within 45 days of the initial referral to AzeIP.

The IFSP must:

- be developed jointly by the family and appropriate, qualified persons involved in the provision of early intervention services;
- be based on the multidisciplinary assessment/evaluation of the child, and on the family's identified priorities, resources and concerns;
- include services necessary to enhance development of the child and the capacity of the family to meet the special needs of the child; and
- identify the agency or agencies responsible for delivery of each of the services needed.

The IFSP must include:

- a statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
- with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child;
- a statement of the major outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;

- a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
  - a. the number of days or sessions, the length of time per session, and whether the service will be provided on an individual or group basis (frequency and intensity),
  - b. how the service will be provided (method),
  - c. the natural environments in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment,
  - d. the actual place or places where the service will be provided (location), and
  - e. the payment arrangements, if any;
- to the extent appropriate, non-routine medical and other services the child needs but are not required under IDEA, Part C, the funding sources for those services, and the steps that will be taken to secure those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
- the projected dates for beginning services as soon as possible after the IFSP meeting;
- the anticipated duration of services; and
- the name of the responsible service coordinator.

When appropriate, the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other services, must also be included in the IFSP. These steps include:

- discussions with, and training of, family members regarding future placements and other matters related to the transition;
- procedures to prepare the child for changes in service delivery; including steps to help the child adjust to, and function in, a new setting; and
- with parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluations and assessments, and copies of the IFSPs that have been developed and implemented.

The contents of the IFSP must be fully explained to the family and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention service to which parental consent is obtained must be provided.

Services for a child who is AzEIP eligible, and that child's family, may begin before assessments/evaluations have been completed if the family's consent is obtained, if assessments/evaluations are completed within the 45-day timeframe, and if an interim IFSP is developed which includes:

- the name of the responsible Interim Service Coordinator or Service Coordinator; and
- the services that have been determined to be needed immediately.

An interim IFSP may be developed if:

- the child has obvious, immediate needs that are identified; and
- the requirements for the timely evaluation and assessment are not circumvented.

A periodic review of the IFSP must be conducted, either by a meeting or by another means acceptable to all parties, every 6 months or more frequently if necessary, or if the family requests it, in order to determine:

- the degree to which progress is being made toward achieving outcomes; and
- whether modifications or revisions of outcomes or services are necessary.

Each periodic review must provide for the participation of:

- parent(s) or legal guardian of the child;
- other family members, if requested by the parent(s);
- an advocate or any other person outside of the family, if requested by the parent(s); and
- the Service Coordinator.

If conditions warrant, provision must be made for the participation of:

- the person or persons directly involved in conducting the evaluation and assessments; and
- person(s) who will be providing services, if appropriate.

An annual meeting must be held to evaluate the IFSP, and revise it if necessary, based on information from ongoing assessments and any current evaluations. IFSP meetings must:

- be held in settings and at times that are convenient to families;
- be conducted in the native language of the family or other mode of communication used by the family; and
- be arranged with the family and other participants early enough before the meeting date to ensure that they will be able to attend, and written notice of the meeting must be provided which includes copies of relevant documentation.

Participation in each initial and annual IFSP must include:

- parent(s) or legal guardian of the child;
- other family members, if requested by the parent(s);
- an advocate or any other person outside of the family, if requested by the parent(s);
- the Service Coordinator;
- person(s) directly involved in conducting the assessments/evaluations; and
- person(s) who will be providing services, if appropriate.

If person(s) directly involved in conducting the assessments/evaluations are not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- participating in a telephone conference call;
- having a knowledgeable authorized representative attend the meeting; or
- making pertinent records available at the meeting.

**SUBJECT**                      **SUBPART D - PROGRAM AND SERVICE COMPONENTS OF A  
STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES  
- Personnel Training and Standards**

**AUTHORITY**                34 CFR 303.360 - comprehensive system of personnel development; 34  
CFR 303.361 - personnel standards  
Comprehensive System of Personnel Development: 34 CFR 300.380 -  
general CSPD requirements; 34 CFR 300.381 - adequate supply of  
qualified personnel; 34 CFR 300.382 - improvement strategies

## **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**

DES/AzEIP coordinates and maintains the AzEIP comprehensive system of personnel development, the AzEIP Professional Development System. The AzEIP Professional Development System:

1. is consistent with the comprehensive system of personnel development requirements of Part C and Part B of the Act;
2. provides for inservice and preservice training to be conducted on an interdisciplinary basis, to the extent appropriate;
3. provides training for a variety of personnel needed to meet the requirements of Part C, including public and private providers, primary referral sources, paraprofessionals and service coordinators; and
4. ensures that the training provided relates specifically to –
  - understanding the basic components of the early intervention system in Arizona;
  - meeting the interrelated social or emotional, health, developmental, and educational needs of children who are AzEIP eligible; and
  - assisting families to enhance the development of their children by their full participation in development and implementation of IFSPs.

In addition, the AzEIP Professional Development System coordinates with the AzEIP participating agencies to encourage:

- implementation of innovative strategies and activities for the recruitment and retention of providers who are appropriately knowledgeable and skilled in the delivery of early intervention services;
- the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
- training personnel to work in rural and inner city areas; and
- training personnel to coordinate transition services for infants and toddlers from AzEIP to other programs, including the 619 Program under Part B.

DES/AzEIP and the AzEIP participating agencies support interdisciplinary in-service training and continuing professional development opportunities to ensure that the AzEIP providers, whether employed or contracted, are appropriately knowledgeable and skilled in the delivery of early intervention services, and understand the basic components and requirements of AzEIP.

## **Training and Continuing Professional Development**

AzEIP Professional Development System provides and/or supports training and professional development opportunities to all AzEIP service providers. Training events are provided to meet the need of two types of audiences; those requiring general knowledge about AzEIP, and those requiring detailed knowledge and skills in the provision of early intervention services.

DES/AzEIP and the participating agencies use a flexible combination of methods to ensure that all personnel are trained. DES/AzEIP and the AzEIP participating agencies collaborate to:

- provide training directly to personnel or contractors.
- develop and share training across agencies.
- contract with knowledgeable individuals or organizations to provide training.
- sponsor or endorse existing conferences or training events that promote the knowledge and skills of early intervention service providers and/or the awareness and understanding of AzEIP.

As in all aspects of the Arizona Early Intervention Program, families are equal partners and participants in AzEIP training. AzEIP also collaborates with the two Arizona Parent Information and Training Centers and the Arizona Department of Education, Enhancing Arizona's Parents Network (EAPN), in actively promoting the availability of training opportunities for families.

### **Technical Assistance and Training**

DES/AzEIP and the AzEIP participating agencies, with advice and assistance from the ICC, will use multiple and diverse sources of information to identify statewide technical assistance and training needs. These sources include, but are not limited to, the AzEIP Program Registration process, AzEIP Monitoring and Evaluation results, local program coordinators' monthly and annual reports, and AzEIP participating agencies' performance reports, evaluations and program audits.

In the second quarter of each State fiscal year, the State interagency team will review the statewide summary of technical assistance and training requests. The State interagency team will identify the priorities for AzEIP training and assign the shared interagency resources to address the priorities.

Local program coordinators facilitate the ongoing collection of regional technical assistance needs and resources of the local management teams through the monthly and annual reports to DES/AzEIP. Each local program coordinator may also bring forward the needs and concerns of their local management teams through the bi-monthly meetings or direct contact with DES/AzEIP or AzEIP participating agencies.

AzEIP service providers request and receive individual and/or regional technical assistance from DES/AzEIP and the AzEIP participating agencies. DES/AzEIP and AzEIP participating agencies collaborate to provide consistent technical assistance information, resources, and policy clarifications via on-site visits, list serves, email, conference calls, and written documents.

### **Preservice Professional Preparation**

The AzEIP Professional Development System promotes interdisciplinary approaches to extend the appropriate knowledge, skills, and understanding of AzEIP to preservice professional preparation programs. The AzEIP Professional Development System provides technical assistance and guidance to assist universities and college programs successfully integrate the identified requirements for professional knowledge, skills, and understanding of AzEIP into course work and curricula.

Pre-service training programs may request approval from DES/AzEIP to offer a pre-service training program as a mechanism to fulfill the AzEIP Standards of Practice Requirements. Upon

completion, graduates of AzEIP-approved pre-service training programs will have satisfied AzEIP Standards of Practice requirements.

### **Coordination with the Part B CSPD**

To ensure consistency and continuity of personnel development activities across Part C and Part B, the State interagency team, including representation from the Arizona Department of Education, participates in CSPD advisory committees, provides joint development and reviews of personnel documents, and, to the maximum extent appropriate, encourages the collaborative design and support of appropriate and relevant training events and activities. AzEIP is a collaborative partner on the State Improvement Grant (SIG).

## **PERSONNEL STANDARDS**

DES/AzEIP ensures that the statewide AzEIP system has:

- (1) Policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately trained.
- (2) Policies and procedures for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

**DES/AzEIP and the AzEIP participating agencies establish and maintain consistent, statewide personnel standards for all employed or contracted providers of early intervention services to children and families who are receiving services through the AzEIP system.**

### ***AzEIP Personnel Standards (CFR § 303. 361)***

To ensure that all personnel are appropriately and adequately prepared and trained to provide early intervention services to eligible children and their families, AzEIP established standards for four personnel categories: 1) early intervention assistants; 2) service coordinators; 3) early interventionists; and 4) early intervention supervisors. The AzEIP personnel standards for each category describe (a) the primary role and responsibilities (b) the educational requirement (c) the Standards of Practice certificate and (d) supervision appropriate for personnel.

The AzEIP personnel standards apply to personnel who are providing early intervention and service coordination services to children who are eligible for AzEIP and their families.

Personnel hired or contracted prior to July 1 2001:

- (1) For personnel who were hired or contracted by an AzEIP-funded program or contract, prior to the July 1, 2001, implementation of the personnel standards, the formal educational requirements were grandfathered based on the documentation of continuing satisfactory employment.
- (2) Early Interventionists and/or Service Coordinators who do not hold a professional State license or certificate and who were hired or contracted by an AzEIP-funded contract or program prior to July 1, 2001, the procedure for meeting the AzEIP personnel standards is: (a) a Bachelors degree or documentation of satisfactory AzEIP employment and (b) completing the knowledge and skill components of the AzEIP Standards of Practice by July 1, 2004.
- (3) Early Interventionists and/or Service Coordinators who hold a current and valid Arizona professional license or certificate and who were hired or contracted by an AzEIP-funded contract or program prior to July 1, 2001, the procedure for meeting the AzEIP personnel standards is: (a) the continued maintenance of the valid and

current Arizona license or certificate and (b) completing the knowledge and skill components of the AzEIP Standards of Practice by July 1, 2006.

- (4) Early Interventionists and Service Coordinators hired after July 1, 2001 will have three (3) years from the date of their hiring to complete the knowledge and skill components of the AzEIP Standards of Practice.
- (5) Early Intervention Assistances and Early Intervention Supervisors shall complete the AzEIP Standards of Practice requirements for their respective personnel categories by July 1, 2006.
- (6) The procedures for implementing the AzEIP personnel standards are incorporated by the AzEIP participating agencies through employment practices and contract procedures, and monitored by DES/AzEIP.

The State of Arizona is making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to children who are AzEIP eligible. In geographic areas of the State where there are shortages of personnel that meet the State's qualifications, hiring the most qualified individuals available who are making satisfactory progress toward completing the Bachelor's degree requirements is permitted under the following conditions:

- 1) The individual will develop and complete a written plan to obtain the course work necessary to meet the Bachelor's requirement with three years of employment;
- 2) The documentation of the individual's annual progress in completing the plan shall be reviewed by the employing supervisor or contractor and maintained in the employer's personnel file to continue employment/contracting;
- 3) Until the individual has completed his/her Bachelor's degree requirements, he/she shall work under the direct supervision and oversight of a qualified Early Intervention Supervisor, Early Interventionist, or Service Coordinator;
- 4) While in the process of completing the requirements of the Bachelor's degree and/or AzEIP Standards Practice, the supervisor or employer shall review, at a minimum, 10% of the individual's IFSPs and case notes, in order to maintain quality assurance; and
- 5) A final evaluation of the individual's knowledge of early intervention and skills in delivering early intervention services will be conducted if he/she has not completed the degree requirement at the end of the three year period from the initial hire date. This evaluation shall consider of the documentation of superior job performance; demonstration of satisfactory annual progress in completing the degree plan; extraordinary individual circumstance which prohibits the completion of the degree plan; and passing scores on the AzEIP Standards of Practice tests for all five content areas. Should the employer/contractor determine that individual should be retained, the employer/contractor may apply to the DES/AzEIP office for an extension to retain the individual.

This provision shall not enable the State or any of its providers to hire or employ individuals in positions requiring professional licensure, certification, or registration, unless they comply with the licensure, certification, or registration requirements appropriate for their field.

#### State Licensure, Registration, and Certification

Independent of AzEIP, the State of Arizona maintains professional licensure, certification, and/or registration for many of the disciplines used in the provision of early intervention services. Licensure, certification, and/or registration requirements are not synonymous with AzEIP Personnel Standards, and are established and maintained



under a separate authority. AzEIP personnel are required to meet the applicable AzEIP personnel standards and the State licensure, certification, and/or registration requirements as appropriate.

## **EARLY INTERVENTION ASSISTANT**

### **FUNCTIONS**

An **Early Intervention Assistant** may, under the guidance and supervision of a qualified professional:

- Assist families and other team members to gather information about the family's priorities, resources and interests; and the child's developmental records;
- With appropriate training, conduct a screening of the child's development using the ASQ or other AzEIP approved screening tool;
- Participate in multidisciplinary team (MDT) discussions regarding AzEIP eligibility, but cannot represent a profession or discipline;
- Support the family and other IFSP team members in the development of the Individualized Family Service Plan (IFSP);
- Coordinate with the IFSP team to carry out the early intervention supports and services to achieve the IFSP outcomes;
- Review the child and family's progress and changes in priorities, resources and interests with the IFSP team and supervising professional, on a regular basis.

### **REQUIREMENTS**

- Associate of Arts degree in Child Development or closely related field, or Child Development Associate (CDA) degree or enrolled in an undergraduate degree program; and
- Completion of the AzEIP Standards of Practice skill component within two years of employment.

### **SUPERVISION**

- Shall work under the guidance and regular supervision of a qualified AzEIP Early Interventionist, Service Coordinator, or Early Intervention Supervisor; and,
- If applicable, the proscribed supervision of an appropriate licensed professional as dictated by State licensure. For example, under the State licensure for Certified Occupational Therapy Assistants, their provision of occupational therapy services must conform to the proscribed scope of practice and supervision of a licensed Occupational Therapist.

### **CONTINUING EDUCATION**

Maintain active and on-going professional development activities, as required and supported under current contract or employment with an AzEIP participating agency or as dictated by state licensure if applicable.

## **EARLY INTERVENTIONIST**

### **FUNCTIONS**

An **Early Interventionist** is a professional who

- assists the family in supporting their infant's or toddler's development in the context of naturally occurring relationships, routines, and environments through a process of assessment, planning and intervention; and
- supports the expansion of the knowledge and skills of the early intervention team through consultation, observations, reviews of progress records, and direct guidance and support:

As a member of a Multidisciplinary Team (MDT) the **Early Interventionist** will:

- Participate as team member throughout the planning and implementation of the initial planning process abiding by the federal regulations and the laws and scopes of practice that respectively govern early intervention and their specific professions or disciplines.
- Gather and review all available developmental and health records and documents.
- Gather information about the family's priorities, resources, and interests.
- With appropriate training, conduct an evaluation or assessment of the child's development, as needed.
- Participate in the team discussions of AzEIP eligibility representing his or her profession or discipline.
- Make recommendations of AzEIP eligibility.
- Provide documentation and information to facilitate the determination and/or documentation of agency eligibility.

As a member of the IFSP Team, the **Early Interventionist** will:

- Participate as team member throughout the planning, implementation and evaluation of comprehensive and integrated early intervention supports and strategies abiding by the federal regulations and the laws and scopes of practice that respectively govern their professions or disciplines.
- Support the family and other IFSP team members in the development of the Individualized Family Service Plan (IFSP).
- Plan and implement early intervention supports and services to achieve the IFSP outcomes.
- Review and evaluate the child and family's progress and changes in priorities, resources, and interests with the IFSP team.

## **REQUIREMENTS    General Requirements for Early Interventionists**

- A minimum of a Bachelor's degree in Early Childhood, Early Childhood Special Education, Nursing, Speech Therapy, Physical Therapy, Occupational Therapy, Psychology, Social Work, or a closely related field
- Completion of the AzEIP Standards of Practice for Early Interventionists within three years of employment

### **Specific Professional Licensing/Certification/Registration Requirements:**

When an Early Interventionist is employed or contracted as a professional to deliver services for which the State of Arizona has enacted or authorized certification, licensing, registration, or other comparable requirements through legislation or practice act, the Early Interventionist shall also meet the proscribed professional requirements and rules of professional conduct for that discipline or profession.

#### Development Specialist – Early Intervention:

A minimum of a Bachelor's Degree in Child Development, Early Childhood, Early Childhood Special Education, Social Work, or a closely related field.

Early Childhood Special Educator – Early Intervention

Certification by the Arizona Department of Education in Early Childhood Special Education.

Occupational Therapist (OT) – Early Intervention

Current, valid Arizona license to practice Occupational Therapy.

Pediatric Nurse Practitioner (PNP) – Early Intervention

Current, valid Arizona registration to practice as a Pediatric Nurse Practitioner.

Physical Therapist (PT)– Early Intervention

Current, valid Arizona license to practice Physical Therapy.

Psychologist– Early Intervention

Current, valid Arizona license to practice Psychology.

Public Health Nurse– Early Intervention

Current, valid Arizona registration as a Nurse.

Speech/Language Pathologist (SLP)– Early Intervention

Current, valid Arizona license to practice as a Speech-Language Pathologist.

NOTE: If a Speech-Language Pathologist is completing a clinical fellowship year (CFY), he or she must possess a valid, temporary Arizona license and documentation of an approved supervision plan under a Speech-Language Pathologist who has a current, valid Arizona license and the American Speech and Hearing Association Certificate of Clinical Competence (CCC).

**SUPERVISION**

- An Early Interventionist who has completed the AzEIP Standards of Practice may supervise Early Intervention Assistants, in accordance with state license regulations, if applicable.
- As part of the on-going, continuous professional development, Early Interventionists receive regular and reflective supervision and/or colleague support as specified in the conditions of their employment or contracts.

**CONTINUING  
EDUCATION**

- If employed or contracted as a licensed, registered, or certified professional, the practitioner shall complete the continuing education units required to maintain professional licensure, registration, or certification.

OR

- If employed or contracted as a professional in a discipline which is not a licensed, registered, or certified profession (e.g., Developmental Specialist), the practitioner shall maintain active and on-going professional development activities, as required and supported under current contract or employment with an AzEIP participating agency.

SERVICE COORDINATOR

**FUNCTIONS**

A **Service Coordinator** is designated or authorized by the participating AzEIP

agency, through employment or contract:

- To determine or authorize agency eligibility;
- To access and authorize the provision of agency supports and services;
- To provide on-going contact and support to families and children during on-going service delivery and during transitions in service delivery.

As identified in the Individuals with Disabilities Education Act (IDEA, Part C, CFR § 303.23 (b)), service/support coordination activities shall include:

- coordinating the process of evaluations and assessments to determine initial and on-going eligibility;
- participating in the development of the initial IFSP;
- facilitating 6-month reviews and annual evaluations of Individualized Family Service Plans and transition plans;
- assisting families in identifying available agency and community supports and services;
- coordinating and monitoring the delivery of available services;
- informing families of the availability of advocacy services;
- coordinating with community resources, medical and health providers; and
- facilitating the development of a transition plan for preschool services, if appropriate.

## **REQUIREMENTS**

### **Qualifications for Service Coordinators:**

- Bachelor's degree in human service or closely related field; and
- Completion of the AzEIP Standards of Practice for Service Coordinators within three years of employment

## **SUPERVISION**

- A Service Coordinator who has completed the AzEIP Standards of Practice may supervise Early Intervention Assistants, in accordance with state license regulations, if applicable.
- As part of the on-going, continuous professional development, Service Coordinators receive regular and reflective supervision and/or colleague support as specified in the conditions of their employment or contracts.

## **CONTINUING EDUCATION**

While contracted or employed as **Service Coordinators**, individuals shall maintain active and on-going professional development activities, as required and supported under their current contracts or employment with an AzEIP participating agency.

## **EARLY INTERVENTION SUPERVISOR**

## **FUNCTIONS**

An **Early Intervention Supervisor** is responsible for:

- (1) regular, collaborative, and reflective supervision, in accordance with State license regulations, if applicable, of early intervention service providers: Service Coordinators, Early Interventionists, and/or Early Intervention Assistants; and
- (2) monitoring the assurance of program quality and standards.

Within their employment or programs, Early Intervention Supervisors coordinate the professional development opportunities and verification of skills for individuals under their supervision, in accordance with the AzEIP Standards

of Practice.

- |                             |  |
|-----------------------------|--|
| <b>REQUIREMENTS</b>         | <ul style="list-style-type: none"><li>• Bachelor's Degree in Early Childhood, Early Childhood Special Education, Nursing, Social Work, or a closely related field.</li><li>• Two years of relevant work experience in the provision of direct services to young children and families.</li><li>• Completion of the AzEIP Standards of Practice knowledge components.</li><li>• Completion of the Basic Supervision Training.</li><li>• Completion of the AzEIP Apprenticeship for Supervisors.</li></ul> |
| <b>CONTINUING EDUCATION</b> | <ul style="list-style-type: none"><li>• Completion of a minimum of two annual Supervisors' follow-up sessions, one of which shall be prescribed by DES/AzEIP to assure familiarity with, knowledge of, and understanding of new State policies or initiatives.</li></ul>   |

## **AzEIP Standards of Practice**

The AzEIP Standards of Practice describe the program practices and individual knowledge and skills necessary for effective early intervention service delivery and service coordination. There are three components to the AzEIP Standards of Practice system: (1) AzEIP Program Registration, (2) Verification of Individual Knowledge, and (3) Verification of Individual Skills.

### **1. AzEIP Program Registration**

DES/AzEIP and the AzEIP participating agencies will require each existing early intervention program or contractor (including initial planning process regional teams, service delivery contractors, and service coordination) to submit a completed an updated or new AzEIP Program Registration annually within sixty (60) days at the beginning of the State fiscal year (July 1<sup>st</sup>).

A completed AzEIP Program Registration includes: the AzEIP Program Self-Assessment, Program Development Plan, and Request for Technical Assistance based on the identified AzEIP Standards of Practice. Programs and/or contractors who previously submitted the AzEIP Program Registration under an existing contract have the option of submitting a new Program Self-Assessment and up-dating their Program Development Plans. New programs and contractors must submit the AzEIP Program Registration completed within 3 months of the award of the contract for AzEIP services.

### **2. Verification of Knowledge**

In the AzEIP Standards of Practice Verification of Individual Knowledge component, practitioners demonstrate knowledge in five content areas: AzEIP Policies and Professionalism, Child Development/Developmental Risks and Variations; Families, Family-professional Partnerships, and Teaming; Assessment; and Planning and Intervention. Practitioners may choose to verify their individual knowledge through successful completion of training or testing-out in each of the five areas.

### **3. Verification of Skills through Apprenticeship**

In the AzEIP Standards of Practice apprenticeship, practitioners apply and demonstrate their knowledge of the AzEIP Standards of Practice while working closely with a supervisor or professional colleague for a period of six to twelve months, in an AzEIP-registered program and/or contract.

The practitioner who works full-time (i.e., 30-40 hours per week) with infants, toddlers and their families will complete the apprenticeship in six (6) months, during which time the apprentice will (a) participate in a minimum of three (3) IFSP meetings with families on their caseload, (b) work with his or her supervisor/colleague to complete the AzEIP Apprenticeship Guide at the beginning and the end of the apprenticeship, and (c) develop a professional development plan which addresses the areas of the AzEIP Standards of Practice that are their individual priority areas.

The practitioner who works less than full-time (i.e., 29 hours or less per week) with infants, toddlers and their families will complete the apprenticeship in twelve months (12) months, during which time the apprentice will (a) participate in a minimum of three (3) IFSP meetings with families on their caseload, (b) work with his or her supervisor/colleague to complete the AzEIP Apprenticeship Guide at the beginning and the end of the apprenticeship, and (c) develop a professional development plan which addresses the areas of the AzEIP Standards of Practice that are their individual priority areas.

Practitioners may begin the apprenticeship after completing the knowledge requirements for (a) AzEIP Policies and Professionalism, (b) Child Development/Developmental Risks and Variations, and (c) Families, Family-Professional Partnerships, and Teaming. The remaining knowledge requirements may be completed before or during the AzEIP Apprenticeship.

#### **Maintenance of Personnel Standards**

DES/AzEIP, in partnership with the AzEIP participating agencies, establishes the AzEIP personnel standards through the provisions and conditions of AzEIP contracts and employment policies. DES/AzEIP and the AzEIP participating agencies monitor early intervention programs and contractors to ensure consistent, statewide adherence to the established personnel standards.

DES/AzEIP and the AzEIP participating agencies, with advice and assistance from the ICC, review the personnel standards on an annual basis to ensure the standards continue to meet AzEIP criteria and are consistent with State and Federal regulations.

At the beginning of each State fiscal year (July 1<sup>st</sup>), or following the award of new contracts, each AzEIP participating agency shall provide, to DES/AzEIP, an annual summary of the status of the personnel it employs or contracts with to provide AzEIP services.

AzEIP programs or contractors maintain the personnel files for their employees or contractors who provide early intervention services to document that they meet all current professional and AzEIP standards.

#### **Notification and Dissemination of Personnel Standards Information**

DES/AzEIP and the AzEIP participating agencies, with the advice and assistance of the ICC, coordinate the cooperative dissemination of information relevant to the AzEIP personnel standards and training.

DES/AzEIP and each AzEIP participating agency notifies its personnel and its contractors of the personnel standards through AzEIP policies, contract requirements and other established mechanisms of communication.

DES/AzEIP collaborates with two Parent Information and Training Centers in the State to distribute information through newsletters that reach over 10,000 families through Arizona.

## **SUBPART E - PROCEDURAL SAFEGUARDS**



**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS - General**

**AUTHORITY:**           34 CFR 303.400 - general responsibility of lead agency for procedural safeguards; 34 CFR 303.401 - definitions of consent, native language, and personally identifiable information

DES/AzEIP is responsible for ensuring the effective implementation, by each of the AzEIP participating agencies and their contractors involved in the provision of early intervention services, of the safeguards to which each child eligible for AzEIP services and her/his family is entitled.

The following definitions will be applied when used in the sections under Procedural Safeguards:

CONSENT means permission from the family. It ensures that:

- the family has been fully informed of all information relevant to the activity for which consent is sought, in the family's native language or mode of communication;
- the family understands and agrees in writing to the activity for which consent is sought. The written, signed agreement describes that activity and a list of records (if any) to be released and to whom; and
- the family understands that consent is voluntary and they may revoke it at any time.

NATIVE LANGUAGE means, for persons with limited English proficiency:

- the language or mode of communication normally used by the family.

PERSONALLY IDENTIFIABLE means information that includes:

- name of the child, parent or other family member;
- address of the child;
- a personal identifier, such as a social security number; or
- a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:**           34 CFR 303.402 - opportunity to examine records;  
Confidentiality of Information: 34 CFR 300.560 - definitions; 34 CFR 300.561 - notice to parents; 34 CFR 300.562 - access rights; 34 CFR 300.563 - record of access; 34 CFR 300.564 - records on more than one child; 34 CFR 300.565 - list of types and locations of information; 34 CFR 300.566 - fees; 34 CFR 300.567 - amendment of records at parent's request; 34 CFR 300.568 - opportunity for a hearing; 34 CFR 300.569 - result of hearing; 34 CFR 300.570 - hearing procedures; 34 CFR 300.571 - consent; 34 CFR 300.572 - safeguards; 34 CFR 300.573 - destruction of information; 34 CFR 300.574 - children's rights; 34 CFR 300.575 - enforcement; 34 CFR 300.576 - disciplinary information;  
Family Educational Rights and Privacy Act (FERPA): 34 CFR 99

DES/AzEIP is responsible for ensuring that every parent of children eligible for AzEIP is given the opportunity to examine, inspect and review the records of their child and family.

### **Review and Inspection of Records**

Every parent of a child eligible for AzEIP has the right to examine, inspect and review the records of their child and family related to:

- assessments and evaluations;
- eligibility determinations;
- development and implementation of IFSPs;
- individual complaints dealing with the child; and
- any other area under IDEA, Part C involving records about the child or the child's family.

DES/AzEIP, each AzEIP participating agency, and each program under contract to DES/AzEIP or an AzEIP participating agency shall comply with a parent's request to examine, inspect, and review the records of her/his child and family:

- without unnecessary delay;
- before any meeting regarding an IFSP;
- before any hearing relating to the identification/eligibility determination or placement of the child.

DES/AzEIP, each AzEIP participating agency, and each agency under contract with DES/AzEIP or an AzEIP participating agency shall comply with a parent's request to examine, inspect, and review the records of her/his child and family within no more than 45 days of that request. The parent has the right to have a representative inspect and review the records. If any record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or family.

The parent has the right to copies of her/his child's and family's records if this is the only way the parent is able to inspect and review the records. DES/AzEIP, each AzEIP participating agency, and each agency under contract to DES/AzEIP or an AzEIP participating agency may charge a nominal fee for copies of records that are made for families only if the fee does not affect the parent's ability to inspect and review those records. DES/AzEIP, each AzEIP participating

agency, and each agency under contract to DES/AzEIP or an AzEIP participating agency may not charge a fee to search for or to retrieve information.

When a parent makes a request to examine, inspect, and review the records of her/his child and family the following steps will be taken:

- a. The parent will be provided with written instructions on her/his rights and how to access the records, and made sure that the parent understands these instructions.
- b. A date and time, that is convenient to the parent, will be set up to inspect and review the records.
- c. A date, time, and place, that is convenient to the parent, will be set up to explain the purpose for which the information in the records shall be used and to provide explanations and interpretations of the records. This may be done:
  - at the same time the parent is inspecting and reviewing the records;
  - immediately following the parent's inspection and review of the records; or
  - at a later date and time.

### **Corrections to Records**

A family may request DES/AzEIP, an AzEIP participating agency, or an agency under contract to DES/AzEIP or an AzEIP participating agency to make corrections to information in their child's records which they believe is inaccurate, misleading, or violates the privacy or other rights of the child or family. DES/AzEIP, the AzEIP participating agency, or the agency under contract to DES/AzEIP or an AzEIP participating agency shall decide, within a reasonable amount of time, but no later than 45 days, whether or not to make the requested corrections to the information in the child's records.

If DES/AzEIP, the AzEIP participating agency, or the agency under contract to DES/AzEIP or an AzEIP participating agency decides to refuse to make the requested corrections to the information in the child's records, it shall inform the parent in writing and advise her/him of her/his options for resolution, including a hearing. If such a hearing is held, the decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decision.

If the hearing decision is that the information in the child's record is inaccurate, misleading, or violates the privacy or other rights of the child or family, then the information in the child's record shall be corrected accordingly and the parent shall be informed in writing. If the hearing decision is that the information in the child's record is not inaccurate, misleading, or violates the privacy or other rights of the child or family the parent shall be informed of her/his right to place a statement in her/his child's records commenting on the information or explaining her/his reasons for disagreeing with the hearing decision.

The parent's statement shall be placed in her/his child's records and maintained as a permanent part of those records. If the records of the child or the contested portion is disclosed by the agency to any party, the parent's statement must also be disclosed to the party.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:               34 CFR 303.403 - prior notice**

DES/AzEIP is responsible for ensuring that families have the opportunity to participate in the planning and implementation of early intervention services. When an AzEIP participating agency, or an agency under contract to DES/AzEIP or an AzEIP participating agency becomes aware of a need to determine or review eligibility, or the child's needs for services, the family shall have the opportunity to participate in the determination or review.

The family of a child eligible for AzEIP must be given written notice within a reasonable amount of time before a service provider proposes, or refuses, to initiate or change the:

- evaluation;
- identification/eligibility determination for AzEIP;
- placement of the child; or
- provision of appropriate early intervention services to the child and family.

The notice shall be written in language understandable to the general public and provided in the native language of the family or the mode of communication used by the family, unless it is clearly not feasible to do so. If the parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication). If the native language or other mode of communication is not a written language, DES/AzEIP, the AzEIP participating agency, an agency under contract to DES/AzEIP or an AzEIP participating agency shall take steps to ensure that:

- the notice will be translated orally or by other means to the parent in the parent's native language or other mode of communication;
- the parent understands the notice; and
- there is written evidence that these requirements have been met.

The notice shall be in enough detail to ensure parents understand:

- the action being proposed or refused;
- the reasons for taking the action; and
- all procedural safeguards that are available under IDEA, Part C , §§ 303.401-303.460
- the State's complaint procedures under §§303.510-512, including a description of how to file a complaint and the timelines under those procedures.

The notice shall include a statement letting parents know that they may agree or disagree with any or all suggested actions, including a description of how to file a complaint and the timelines under those procedures.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:**           34 CFR 303.404 - parent consent; 34 CFR 303.405 - parent right to decline service

DES/AzEIP is responsible for ensuring that families are fully informed of and have voluntarily approved the early intervention activities in which the child will participate.

Parental consent shall be obtained in writing before:

- conducting the initial eligibility evaluation and assessment of a child; and
- initiating the provision of early intervention services.

Families of children eligible for AzEIP may determine whether they will accept or decline any early intervention service, and may decline a service after first accepting it, without jeopardizing other early intervention services.

If consent is not given, reasonable efforts shall be made to ensure that the family:

- is fully aware of the nature of the evaluation and assessment or service that would be available; and
- understands that the child will not be able to receive the evaluation, assessment or services unless consent is given.

An AzEIP participating agency or an agency under contract with an AzEIP participating agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation.

**SUBJECT: SUBPART E - PROCEDURAL SAFEGUARDS – General (2003)**

**AUTHORITY:** 20 U.S.C. 1439, 34 C.F.R. 303.406 - surrogate parents; 34 C.F.R. 303.19 parent, guardian, and person acting in the place of a parent

The Individuals with Disabilities Education Act (IDEA) provisions dealing with early intervention (Part C) require that there be State procedures to protect the rights of the infant or toddler whenever the child's parent(s) cannot be identified, located, or the child is a ward of the State. If a parent or legal guardian cannot represent the child's interests under IDEA, a relative or stepparent with whom the child is residing/placed, or a qualified foster parent may act as a parent. If a parent, legal guardian, a relative or stepparent with whom the child is residing/placed, or a qualified foster parent cannot represent the child's interests under IDEA, a surrogate parent must be appointed. A surrogate parent may represent a child in all matters related to: the evaluation and assessment of the child; development and implementation of the child's Individual Family Service Plan (IFSP), including annual evaluations and periodic reviews; the ongoing provision of early intervention services to the child; and any other rights established under IDEA, Part C, such as procedural safeguards. Surrogate parents play a vital role to ensure the right to early intervention services under Part C is protected for all children with disabilities.

#### DEFINITION OF "PARENT"

34 C.F.R. 303.19 defines "parent" as:

- (1) A natural or adoptive parent of the child;
- (2) A legal guardian;
- (3) A person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or
- (4) A surrogate parent.

A foster parent may act as the parent of a child, and a surrogate parent is not required if:

- (1) The natural parent's rights have been terminated/severed,\* or the parent's rights to make educational decisions have been extinguished\* by a court; and
- (2) The foster parent:
  - (a) Has an ongoing, long-term parental relationship with the child;
  - (b) Is willing to make the decisions required of parents under Part C; and
  - (c) Does not have a conflict of interest with the interests of the child.

It is AzEIP's position that educational decisions on behalf of a child under IDEA, Part C are best made by individual(s) who know the child well, and have or will have an ongoing relationship with the child. Therefore, AzEIP asserts that it is in the best interest of the child to be represented by the following in priority order:

1. A parent or legal guardian, if appropriate;
2. A relative or stepparent with whom the child is living, if appropriate;
3. A long-term foster parent who is willing and qualified as defined under IDEA, Part C; or
4. A surrogate.

Furthermore, the appointment of a surrogate parent to represent the child's educational interests does not preclude the natural or adoptive parent from participating in the early intervention process.

## SURROGATE PARENT DESIGNATION

At court hearings regarding each child who is under three years of age and a ward of the State, the assigned assistant attorney general will consider, and if the facts support it, request that the court consider if the child has (1) a natural or adoptive parent, or a legal guardian; or (2) a relative or stepparent with whom the child lives who can make educational decisions on behalf of the child. In the event that the Court determines that a parent or legal guardian cannot be identified or, after reasonable efforts, cannot be found, and a child does not have a relative with whom the child lives, the Court will determine that, if at any point while in the care of the State, the child is suspected of having a developmental delay or disability, the child's team (i.e., CPS case manager or the designated DDD support coordinator acting in lieu of CPS, and, when appropriate, assigned assistant attorney general, the foster parent or out-of-home caregiver, and AzEIP personnel) shall identify a surrogate parent to represent the child's educational interests. If the Court is not available to make a determination in a manner that enables early intervention to proceed within required timelines, the team shall determine the need for and identify a surrogate parent. The team's decisions shall be presented to the Court for consideration as soon as possible. The team should consider the child's Court Appointed Special Advocate (CASA), foster parent, guardian ad litem, and/or relatives with whom the child is not living as potential surrogate parents.

## SURROGATE PARENT QUALIFICATIONS

An individual is qualified to be a surrogate parent if the individual is an Arizona resident, over 18 years old, and does not have interests that conflict with the interests of the child. Additionally, individuals must have fingerprint clearance and complete training for surrogate parents.

## CONFLICT OF INTEREST

As noted above, the surrogate parent must not have any interest that conflicts with the interests of the child. This means the potential surrogate parent cannot benefit personally or professionally from decisions regarding the child. Thus, a surrogate parent may not be a State employee or a contractor with DES/AzEIP or any of the AzEIP participating agencies involved in providing early intervention services to the child or any family member.

## SURROGATE PARENT RESPONSIBILITIES

The surrogate parent is responsible for acting on behalf of the child to make sure all the child's rights to early intervention services under Part C are protected. The surrogate parent, therefore, has the authority to:

- (1) Give written consent to assessments and evaluations of the child under Part C;
- (2) Participate as the parent in IFSP meetings;
- (3) Give written consent for the child to receive early intervention services;
- (4) Give written consent for the release and request for records and sharing confidential information;
- (5) Pursue dispute resolution procedures including mediation, complaints, and/or due process hearings on behalf of the child; and

(6) Seek qualified legal assistance, when necessary, to protect the child's rights.

#### LIMITATIONS ON THE RESPONSIBILITIES OF A SURROGATE PARENT

Surrogate parents are specifically appointed to protect the rights of children under IDEA, Part C. Surrogate parents are not responsible for the care, maintenance, or financial support of the child. Surrogate parents do not have legal authority to act on behalf of the child outside of the Part C process.

#### SURROGATE PARENT TENURE

Generally, a surrogate parent may continue to serve so long as the child still needs a surrogate parent, the surrogate parent remains qualified, and the surrogate parent is still willing to serve. If a child, at age three, moves from receiving services under Part C to receiving a Free and Appropriate Public Education (FAPE) under Part B, and the surrogate parent wants to continue representing the child, the surrogate parent should notify the school district of his or her interest. The surrogate parent may have to meet specific requirements under Part B and State law pertaining to qualifications and tenure.

If a surrogate parent wishes to stop serving as a surrogate parent, the surrogate parent should notify the child's Child Protective Services case manager or the designated DDD support coordinator acting in lieu of CPS, in writing at least 30 days before terminating services as the surrogate parent.

#### CONFIDENTIALITY

The surrogate parent is responsible to keep confidential any information the surrogate parent gathers from the child's records or the child's service providers. That information should be used to obtain services for the child and should not be shared by the surrogate outside of that context.

### NOTES

#### \*STATUS OF PARENTAL RIGHTS

If parental rights have been severed or terminated, the parent(s) do not retain any parental rights, including rights to make educational decisions. Parental rights are typically only severed or terminated if reasonable efforts to reunify the child and parent have been unsuccessful; the child will then be free to be adopted.

If parental rights to make educational decisions under IDEA are extinguished, the parent(s) may retain other parental rights, but the courts have determined that another adult should make educational decisions under IDEA, Part C on behalf of the child. Extinguishing parental rights to make educational decisions may be temporary.

If parental rights have been terminated or severed, it is not necessary for the court to determine if parental rights to make educational decisions should be extinguished.

In order for a foster parent to act as a child's parent for early intervention purposes, the parent's rights must be severed or terminated or the parent's rights to make educational decisions must be extinguished by a court.



In order for a surrogate parent to be appointed, it is not necessary for parental rights to be severed or terminated, or for parental rights to make educational decisions to be extinguished.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS - Mediation and Due Process Procedures for Parents and Children**

**AUTHORITY:**           34 CFR 303.419 - mediation; 34 CFR 303.420 - due process procedures; 34 CFR 303.421 - appointment of an impartial person; 34 CFR 303.422 - parent rights in an administrative hearing; 34 CFR 303.423 - convenience of proceedings; timelines; 34 CFR 303.424 - civil action; 34 CFR 303.425 - status of a child during proceedings

DES/AzEIP is responsible for ensuring that procedures for the resolution of disputes are in keeping with the child's best interests and family's priorities.

Families shall be informed of all their options for dispute resolution, including the option of requesting a hearing, and shall be encouraged to seek informal resolution or mediation to resolve differences. Interim Service Coordinators and Service Coordinators are responsible for ensuring that families understand these procedures. If appropriate, they may help families file formal complaints.

Families will be informed that they may file formal complaints and use the informal complaint resolution process at the same time.

DES/AzEIP ensures that procedures of AzEIP participating agencies, which have their own process for dispute resolution, are consistent with the rules and regulations of 34 CFR 303.419-425 and DES/AzEIP policies. When a participating agency uses its own process for dispute resolution, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the child who is the subject of the dispute is also eligible for another Federal or State program, which has its own dispute resolution process, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to implement AzEIP according to IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to facilitate the dispute resolution process according to IDEA, Part C.

### **Mediation**

Mediation is a **voluntary** dispute resolution **alternative** to the formal due process hearing and may only be used when both parties to the dispute agree to do so. Mediation can **never** be used as a **mandatory** preliminary step prior to any other administrative or legal recourse.

Mediation may not be used to deny or delay a family's implementation of their rights under IDEA, Part C. Discussions that occur during mediation are confidential and may not be used as evidence

in any subsequent hearing procedure or civil proceeding. Parties to mediation may be required to sign a confidentiality pledge before beginning the mediation.

Steps in initiating the mediation process:

- a. A family member or agency may make a request, in writing, to the appropriate participating agency representative or to the Executive Director of DES/AzEIP.
- b. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, obtains written agreement to the mediation process by all other parties to the dispute.
- c. Once agreement is obtained, the appropriate AzEIP participating agency representative or the Executive Director of DES/AzEIP or designee, will appoint a qualified, impartial mediator who is trained in effective mediation techniques. DES/AzEIP keeps a list of qualified mediators who are knowledgeable in laws and regulations related to all aspects of early intervention services.

The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall ensure that each session be scheduled in a timely manner and in a location convenient to all parties involved in the dispute. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall ensure that agreements reached by all parties through mediation will be recorded in a written mediation agreement.

An AzEIP participating agency may follow its own mediation process as long as it is consistent with the rules and regulations of 4 CFR 303.419 and DES/AzEIP policies. When an AzEIP participating agency uses its own process for mediation, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the AzEIP participating agency does not have its own procedures for mediation, or requires DES/AzEIP to facilitate the mediation process for any reason, then the participating agency must inform DES/AzEIP within 24 hours of receiving the request.

If the child who is the subject of the mediation is also eligible for another Federal or State program, which has its own mediation process, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to facilitate the mediation process according to IDEA, Part C.

The AzEIP participating agency or DES/AzEIP will bear the cost of the mediation process.

### **Due Process Hearing**

An AzEIP participating agency may follow its own due process hearing procedure as long as it is consistent with the rules and regulations of 34 CFR 303.419-425 and DES/AzEIP policies. When an AzEIP participating agency uses its own process for a due process hearing, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the AzEIP participating agency does not have its own procedures for due process hearings, or requires DES/AzEIP to facilitate the due process hearing for any reason, then the participating agency must inform DES/AzEIP within 24 hours of receiving the request.

If the child who is the subject of the hearing is also eligible for another Federal or State program, which has its own due process hearing procedures, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to arrange the due process hearing according to IDEA, Part C.

All due process hearings must be carried out at a time and place that is reasonably convenient to the family.

A family member or an agency may initiate a hearing on any matters related to the participating agency's or provider's proposal or refusal to initiate or change the:

- identification of the child;
- evaluation of the child;
- placement of the child; or
- provision of early intervention services to the child and family

In any administrative proceeding the family has a right to:

- be accompanied and advised by an attorney and/or individual(s) with special knowledge or training with respect to early intervention services for eligible children;
- present evidence, and confront, cross-examine, and call for the attendance of witnesses;
- prohibit the introduction of any evidence at the proceeding that the family has not been shown or given at least five days before the proceeding; and
- obtain written findings of fact and decision and, upon request, a written or electronic, verbatim transcription of the proceeding.

Steps in initiating a due process hearing:

- a. A family member or agency must file a written request with the appropriate participating agency representative or with the Executive Director of DES/AzEIP.
- b. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall appoint a trained, impartial hearing officer.

The hearing officer shall:

- have knowledge about the provisions of IDEA, Part C and the needs of, and services available for, eligible children and their families;
- not be employed by the agency providing early intervention services to the child and family, except when a person who otherwise qualifies to conduct the hearing is paid by the agency solely to serve as a hearing officer; and
- not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

The hearing officer shall:

- listen to the presentation of relevant viewpoints about the dispute
- examine all information relevant to the issues;
- seek a timely resolution; and
- provide a record of the proceedings including a written decision.

The due process hearing procedure must be completed and a written decision mailed to each of the parties **within 30 days** after the appropriate AzEIP participating agency or DES/AzEIP has received

the request. Unless agreed upon by the family and the agency, there shall be no change made in the services received by the child prior to a final order by a Hearing Officer.

The decision made in a hearing is final.

### **Civil Action**

Any party dissatisfied by the findings and decision in a hearing has the right to bring a civil action in State or Federal court.

### **Status of a Child during Mediation, Due Process Hearing, or Civil Action**

During the pendency of mediation, a due process hearing, or civil action, unless DES/AZEIP or the AZEIP participating agency and the family of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided. If the complaint involves an application for initial services, the child must receive those services that are not in dispute.

## **SUBPART F - STATE ADMINISTRATION**

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - General**

**AUTHORITY:**           34 CFR 303.500 - lead agency establishment or designation; 34 CFR  
303.501 - supervision and monitoring of programs

The Governor of Arizona has designated the Department of Economic Security (DES) as the Lead Agency for the State's Part C system to be responsible for the administration of that system. The Director of DES has created within the Department the office of the Arizona Early Intervention Program (DES/AzEIP) to carry out the functions and activities of administering the system. The Executive Director of DES/AzEIP is responsible for managing, supervising and monitoring the following functions and activities:

- monitoring AzEIP participating agencies, institutions, and organizations used by the State to fulfill its obligations under Part C of IDEA and its regulations;
- enforcing obligations imposed on those agencies, institutions, and organizations under Part C of IDEA and its regulations;
- providing technical assistance as necessary to those agencies, institutions, and organizations; and
- correcting deficiencies that are identified through monitoring activities.

#### **Interagency Planning and Implementation**

The State interagency team includes representation from each of the AzEIP participating agencies. The State interagency team meets regularly to engage in planning, implementation, evaluation and modification of all aspects of AzEIP. Facilitated by DES/AzEIP, the State interagency team identifies and resolves system coordination issues identified by the monitoring and evaluation system, which gathers information from families, agency personnel and contractors, management teams, the medical, education and child care community, and other sources of information.

The State interagency team reviews and addresses issues including, but not limited to:

- Eligibility
- Central Directory
- Public Awareness
- Child Find
- Assessment & Evaluation
- Comprehensive System for Personnel Development & Personnel Standards
- Program Standards
- IFSP
- Service Coordination
- Service provision in natural environments
- Monitoring and evaluation
- Procedural Safeguards and confidentiality
- Data collection
- Procurement of services

The State interagency team assists DES/AzEIP in presenting to the ICC proposed legislation, policy or procedural changes, or any actions that impact AzEIP.

The State interagency team reviews and evaluates all ICC recommendations to DES/AzEIP to assess feasibility, determine strategies and coordinate resources for implementation.

Each AzEIP participating agency ensures that AzEIP policies and procedures are incorporated into agency policies and procedures. Agencies monitor employee and contractor adherence to policies and procedures and report findings and corrective actions to DES/AzEIP.

DES/AzEIP personnel provide technical assistance and independent review to support consistent and constructive monitoring across agencies.

DES/AzEIP addresses specific agency, contract and/or employee performance with appropriate agency or contractor individually. The two entities determine a mutually acceptable corrective action, including timelines, resources and responsible parties. In the event that the two entities cannot agree on corrective actions, DES/AzEIP will establish steps to ensure conformity to AzEIP policies and procedures and the process for monitoring change.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Lead Agency  
Procedures for Resolving Complaints**

**AUTHORITY:**           34 CFR 303.510 - adopting complaint procedures; 34 CFR 303.511 - an organization or individual may file a complaint; 34 CFR 303.512 - minimum state complaint procedures

DES/AzEIP is responsible for ensuring that any individual or organization may file a written, signed complaint with DES/AzEIP alleging any violation of the requirements and regulations of IDEA, Part C.

Families shall be given, in writing, information describing the procedures to resolve disputes. Families will be informed that they may file a formal complaint and use the informal complaint resolution process at the same time. Interim Service Coordinators and Service Coordinators are responsible for ensuring that families understand these procedures. If appropriate, they may help families file a formal complaint.

Information on the procedures to resolve disputes will be disseminated to:

- the participating agencies, and the agencies under contract to DES/AzEIP or a participating agency;
- family training, protection, and advocacy centers; and
- other appropriate individuals, agencies, institutions, and organizations.

Complaints alleging a failure by, a participating agency, or agency under contract to DES/AzEIP or a participating agency, to implement a due process hearing decision must be resolved by DES/AzEIP.

Steps in initiating a complaint:

- a. Any individual or organization must send a written, signed complaint to the Executive Director of DES/AzEIP which includes:
  - a statement that the State has violated a requirement or regulation of IDEA, Part C; and
  - the facts of the situation.
- b. The Executive Director or designee will review the complaint to determine its validity for follow-up. A complaint will be judged valid if:
  - the alleged violation occurred not more than 1 year before the date the complaint was received; unless -
  - the alleged violation continues for the child or other children; or
  - the complainant is requesting reimbursement or corrective action for a violation that occurred not more than 3 years before the complaint was received.
- c. The Executive Director or designee will review all relevant information and will:
  - conduct an independent on-site investigation, if necessary; and
  - give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- d. The Executive Director or designee will make an independent determination as to whether the agency is violating a requirement or regulation of IDEA, Part C.



The Executive Director of DES/AzEIP will send a written decision to all parties. The decision shall address each allegation in the complaint and include:

- findings of fact and conclusions; and
- the reasons for the final decision.

When necessary DES/AzEIP's decision will also include procedures for technical assistance, negotiation, and corrective action plans for bringing an agency into compliance.

In resolving a complaint in which it finds a failure to provide appropriate services, DES/AzEIP, pursuant to its general supervisory authority under Part C of the Act, will address:

- how it will remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and
- appropriate future provision of services for all infant and toddlers with disabilities and their families.

All investigations and resolutions must be completed within 60 days of original receipt of the complaint. An extension may be granted in extraordinary cases only, where the nature or severity of allegations warrants further investigation.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, DES/AzEIP will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar day timeline using the procedure described above.

If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties:

- the hearing decision is binding; and
- DES/AzEIP must inform the complainant to that effect.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION – Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.520 – policies related to payment for services; 34 CFR 303.521 – fees; 34 CFR 303.522 – identification and coordination of resources.

Each agency participating in AzEIP will utilize its current eligibility criteria for services to determine financial responsibility for children who are AzEIP eligible. If a child is eligible for a participating agency and AzEIP, the participating agency is financially responsible for providing the child and family with early intervention services, in accordance with AzEIP procedures and program requirements and Part C requirements. See following for implementation details.

### **Funding Policies**

DES/AzEIP assures the following:

- DES/AzEIP is responsible for establishing state policies related to payment for services to children who are AzEIP eligible and their families through interagency agreements as required under Part C.
- Fees will not be charged for services that a child is otherwise required to receive at no cost to the family.
- Fees will not be charged for the following services:
  - child find
  - evaluation and assessment
  - service coordination
  - administrative and coordination activities:
    - development, review and evaluation of IFSPs
    - procedural safeguards
- Inability of a family of a child who is AzEIP eligible to pay for services will not result in denial of services to the child or family.
- The following early intervention services, as defined in Part C of IDEA, may be subject to a system of payment under a sliding fee schedule:
  - speech-language pathology
  - occupational therapy
  - physical therapy
  - health services necessary to enable the infant or toddler to benefit from the other early intervention services
  - audiologic services
  - vision services
  - nursing services
  - nutritional services
  - family training, counseling and home visits
  - family support services
  - psychological services

- medical services only for diagnostic or evaluation purposes
- transportation and related costs
- social work services
- special instruction
- assistive technology devices and assistive technology services

The above list is not intended to be comprehensive. There may be other services that are subject to a system of payments. Fees will not be charged for services that a child is otherwise entitled to receive.

The Arizona Department of Economic Security (DES), as lead agency under IDEA, Part C, has not adopted a system of payments for early intervention services; however, the Division of Developmental Disabilities (DDD) within DES has a statutory directive requiring DDD to develop and implement a sliding fee scale for services. DDD implemented a sliding fee scale for adults using residential services. DES/DDD has not implemented a sliding fee scale that affects early intervention services.

The Arizona Department of Health Services (ADHS) has a policy on family contribution to service delivery, and accordingly, the ADHS, Office of Children with Special Health Care Needs (OCSHCN) has implemented sliding fee procedures. ADHS/OCSHCN policies stipulate that child find, evaluation and assessment, service coordination, administrative and coordinative activities related to (a) the development, review and evaluation of IFSPs and (b) procedural safeguards are provided at no expense to families and; therefore, are not subject to a system of payments. The following Part C services provided through ADHS/OCSHCN are subject to sliding fee scale procedures:

- speech-language pathology
- occupational therapy
- physical therapy
- health services necessary to enable the infant or toddler to benefit from the other early intervention services
- audiologic services
- vision services
- nursing services
- nutritional services
- family training, counseling and home visits
- family support services
- psychological services
- medical services only for diagnostic or evaluation purposes
- transportation and related costs
- social work services not related to service coordination
- special instruction
- assistive technology devices and assistive technology services

#### BASIS AND AMOUNTS OF PAYMENT

ADHS/OCSHCN developed a sliding fee schedule based on the Federal Poverty Register Guidelines and ADHS Children's Rehabilitative Services fee schedule. The sliding fee scale indicates the family's share of cost relative to their gross income. Five share-of-cost categories are identified and are based on the number of family members and family gross income. Please

see Appendix D for the ADHS/OCSHCN Sliding Fee Scale, which indicates amounts. Payment by families is made directly to the provider of service. OCSHCN pays the remaining portion of the cost of service. Inability of a family, of a child who is AzEIP eligible, to pay for services will not result in denial of services to the child and family.

No child will be denied or have services delayed due to disputes between agencies regarding financial or other responsibilities.

DES/AzEIP does not treat proceeds from public or private insurance as program income.

#### Identification and Coordination of Services

DES/AzEIP assures it shall:

- Identify and coordinate available resources for early intervention services within the State of Arizona including those from Federal, State, local and private resources.
- Update the information on funding sources for early intervention services resulting from changes in administrative rules or legislation.
- Monitor federal funding sources, including:
  - Title V of the Social Security Act (Maternal & Child Health);
  - Title XIX of the Social Security Act (Medicaid/AHCCCS & EPSDT);
  - The Head Start Act;
  - Parts B and C of IDEA;
  - The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103); and
  - Other federal programs.
- Develop a process for gathering information on the identification and coordination of resources for early intervention services. The process will include determination of the number of infants and toddlers eligible for AzEIP and receiving services and the amount, duration and scope of the services.

No medical or other assistance available will be reduced or eligibility altered under Title V or Title XIX of the Social Security Act.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.523 - interagency agreements; 34 CFR 303.524 - resolution of disputes; 34 CFR 303.525 - delivery of services in a timely manner

DES/AzEIP is responsible for ensuring that interagency agreements are maintained between and among the State agencies involved in AzEIP (Appendix E). These agencies include:

- Arizona Department of Economic Security (DES)
- Arizona State Schools for the Deaf and Blind (ASDB)
- Arizona Department of Health Services (ADHS)
- Arizona Department of Education (ADE)
- Arizona Health Care Cost Containment System (AHCCCS)

Each interagency agreement must:

- ensure effective cooperation and coordination between and among all agencies involved in AzEIP;
- define the financial responsibility for the early intervention services delineated in each agreement; and
- include all procedures for resolving intra-agency and interagency disputes.

Procedures for resolving disputes must allow participating agencies to resolve their own internal disputes in a timely manner. If a participating agency is unable to resolve its own internal dispute within 15 days then it must submit a written request to the Executive Director of DES/AzEIP. The Executive Director of DES/AzEIP or designee will review all the relevant information in the dispute by:

- conducting an independent on-site investigation, if necessary; and
- giving all parties involved in the dispute the opportunity to submit additional information, either orally or in writing.

The Executive Director of DES/AzEIP or designee will make an independent determination as to the resolution within 30 days of the receipt of the request and send the written decision to all parties. Decisions in intra-agency and interagency disputes are binding. If necessary, to ensure compliance with its actions and findings in the resolution of a dispute, DES/AzEIP will refer the dispute to the Office of the Governor.

During a dispute, DES/AzEIP is responsible for assigning financial responsibility to the appropriate agency, dependent upon the facts and nature of the situation. If, during the course of the resolution of the dispute, it is determined that the assignment of financial responsibility was inappropriately made, then DES/AzEIP shall reassign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility.

DES/AzEIP shall make arrangements to ensure that services are provided to children who are AzEIP eligible and their families in a timely manner, pending the resolution of disputes between and among agencies by assigning financial responsibility to a participating agency, subject to the provisions of the interagency agreement or paying for the delivered services as the “payor of last resort.”

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION – Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.526 – policy for contracting or otherwise arranging for services; 34 CFR 303.527 – payor of last resort; 34 CFR 303.528 – reimbursement procedure

In accordance with Chapter 23 of the Arizona Revised Statutes (State of Arizona's Procurement Code), the mechanisms and processes used by all agencies participating in Arizona's Early Intervention Program, including DES/AzEIP, utilizing Part C funds, with the exception of Arizona Health Care Cost Containment System (AHCCCS), for contracting or otherwise arranging for early intervention services, shall be as follows:

- Request for Quotations (RFQ)

This method is used for procurements up to \$35,000. Vendors solicited shall be limited to small businesses but must include a solicitation to minorities, women and or individuals with disabilities owned business. An RFQ shall be issued to a reasonable number of vendors.

- Invitation for Bids (IFB)

An IFB is issued when a purchase is estimated to cost over \$35,000 and the needed services are very specific and well defined. There are no discussions with bidders prior to contract award under an IFB. The contract must be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and criteria set forth in the IFB.

- Request for Proposals (RFP)

This method is used for purchases exceeding \$35,000. This method will be used when an Invitation for Bids is determined by the State Purchasing Administrator as either not practicable or not advantageous to the State. Proposals are opened publicly at the time and place designated in the RFP. The proposals are opened for public inspection after contract award. The RFP method presents the potential offeror with a statement of need and asks the offeror to suggest the methods of approach by which the need can be accommodated or fulfilled. The proposal may be discussed with the offeror, who may modify it and submit a Best and Final Offer.

- Intergovernmental Agreement (IGA)

Any public procurement unit may participate in, sponsor, conduct or administer a cooperative purchasing agreement for the procurement of any materials, services, or construction with one or more public procurement units in accordance with an agreement entered into between the participants. A nonprofit educational or public health institution may enter into an agreement pursuant to this section if one or more parties involved are a public procurement unit. If procurement involves the expenditure of federal assistance or contract moneys, the Director of DES shall comply with federal law and authorized regulations, which are mandatory applicable and which are not presently reflected in Chapter 23.

- Interagency Service Agreement (ISA)

ISAs are entered into between state budget units to provide reimbursement or advance of funds for services to be performed. These agreements usually follow a simple format that is briefer than most DES contracts. There are no requirements for attorney general review or filing with the Secretary of State.

Each department shall be entitled during the term of the contract to monitor the performance of the consultant under the contract in order to verify compliance with its terms and conditions. Each department shall also assess the quality of contract services and consultant progress in achieving the goals and objectives.

### **AHCCCS**

AHCCCS shall follow Title 9, Chapter 22, Article 6, Rule 9-22-601 through 605 of the Arizona Administrative Code for contracting for early intervention services (hospitalization and medical care services).

### **Children's Rehabilitative Services**

CRS shall follow Section 36-261.01, Arizona Revised Statutes (ARS), and Title 36, Chapter 2, Article 3, ARS, in contracting for the care and treatment of chronically ill or physically disabled children.

### **Additional Contract Requirements** (Not Part of Chapter 23 or Article 6, Rule 9-22-601)

In addition, the contractor (governmental agencies and private providers) shall provide contracted early intervention services to infants and toddlers who are AzEIP eligible and their families and to the agency in accordance with all terms and conditions of the contract, including the goals and objectives. All early intervention services shall meet state standards and be consistent with AzEIP requirements.

Each agency, in coordinating its efforts, shall maintain its autonomy in contracting, as governed by Arizona statute.

### **Payor of Last Resort**

DES/AzEIP assures the following:

- Funds provided under IDEA will not be used for payment of services that would have been paid for by another public or private source, including any medical program administered by the Secretary of Defense but for the enactment of this part;
- Funds under IDEA, Part C will only be used for intervention services that an eligible child needs but is not currently entitled to under other Federal, State, local, or private source; and
- If necessary to prevent delay in receipt of appropriate early intervention services, in a timely manner to an eligible child or child's family, IDEA, Part C funds may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment. These payments may be made for:
  - early intervention services (as defined in §303.12);

- eligible health services (as defined in §303.13). These do not include medical services or "well-baby" health care); and
- other functions and services authorized under Part C, including child and evaluation and assessment.

Timely reimbursement is ensured by State statute, which requires that an invoice be paid within 30 days of receipt. The responsible agency, upon receipt of an invoice, will prepare a payment voucher and forward that voucher with a copy of the Interagency Agreement to the agency's accounts payable unit



**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Reporting Requirements**

**AUTHORITY:             34 CFR 303.540 - data collection**

Each participating agency collects information on their activities on behalf of the children who are AzEIP eligible in their own systems. Each participating agency provides the data to DES/AzEIP annually. This data is provided in the form of text files or Microsoft Access Database files and then consolidated to produce the Part C Reporting Requirements. DES/AzEIP does not use sampling to provide Part C Reports.

DES/AzEIP reports annually to the Secretary as required.

**SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL**

**SUBJECT:                   SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL - General**

**AUTHORITY:**           34 CFR 303.600 - establishment of council; 34 CFR 303.601 -  
composition; 34 CFR 303.602 - use of funds by the council; 34 CFR  
303.603 - meetings

Under provisions of the Governor's order, the ICC has been appointed as required by federal law to include parents, providers, a member of the Legislature, a personnel preparation professional and others. The Governor has appointed a Chair and Vice Chair who are not representatives of DES/AzEIP or an AzEIP participating agency.

The membership of the Council consists of the following:

1. At least 20% of the members are parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. One parent member has a child with a disability under 6 years of age.
2. At least 20% of the members are public or private providers of early intervention services.
3. There is at least one member from each of the State agencies involved in the provision of or payment for early intervention services. These agencies include the Department of Economic Security/Division for Developmental Disabilities, the Department of Health Services, the Arizona State Schools for the Deaf and the Blind, and the Arizona Health Care Cost Containment System. The agencies' representatives have sufficient authority to engage in policy, planning, and implementation on behalf of their agencies.
4. At least one member is from the Arizona Department of Education, which is responsible for preschool services to children with disabilities. The ADE representative has sufficient authority to engage in policy, planning, and implementation on its behalf.
5. At least one member is from the State Legislature.
6. At least one member is involved in the preparation of personnel to work in early intervention.
7. At least one member is from the Arizona Department of Insurance, which is the State agency responsible for the governance of health insurance.
8. There is at least one representative from a Head Start agency or program in the State.
9. There is at least one member from the Department of Economic Security/Child Care Administration.

Council members are chosen to provide the widest possible geographic, racial and ethnic representation so that the needs of children throughout the State may be properly heard and addressed.

The Council has established four standing committees - Executive, Personnel Preparation, Evaluation and Monitoring, and Policy and Legislation. Ad hoc committees are formed as

needed to address specific issues, which do not fall under the purview of one of the standing committees.

Each Committee of the ICC will review proposed policy, procedures, materials and strategies within their areas of focus and make recommendations to the full Council. The Council will consider and deliberate (1) the proposed action by DES/AzEIP on behalf of AzEIP and (2) Committee recommendations before voting to forward specific recommendations to DES/AzEIP.

Members of the ICC may be reimbursed for reasonable and necessary expenses for attending Council meetings and performing Council duties. This includes reimbursement to family members for their time and travel. A member may also be compensated if that member is not employed or must forfeit wages from other employment when performing official ICC business. Otherwise, Council members serve without compensation from funds available under the Act.

Meetings are held every other month. Members are encouraged to attend and participate fully. Meeting announcements are publicized well in advance. All meetings are held in facilities that are open and accessible to members and the public. If necessary, interpretation for the deaf and other special services are provided for Council members and participants.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest. A "Council Member Conflict of Interest Statement," for each member is on file in the DES/AzEIP office.

**SUBJECT:                   SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL - Functions of the Council**

**AUTHORITY:**           34 CFR 303.650 - general; 34 CFR 303.651 - advising and assisting the lead agency in its administrative duties; 34 CFR 303.652 - applications; 34 CFR 303.653 - transitional services; 34 CFR 303.654 - annual report to the Secretary

The Arizona Interagency Coordinating Council shall:

1. advise and assist DES/AzEIP in the development and implementation of the policies that constitute the statewide system;
2. assist DES/AzEIP in achieving the full participation, coordination, and cooperation of all appropriate public agencies in Arizona;
3. assist DES/AzEIP in the effective implementation of the statewide system, by establishing a process that includes:
  - seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery; and
  - taking steps to ensure that any identified policy problems are resolved;
4. to the extent appropriate, assist DES/AzEIP in the resolution of disputes and;
5. advise and assist DES/AzEIP and the Arizona Department of Education (ADE) regarding the transition of toddlers with disabilities to Part B services, preschool and other appropriate services.

The Council may:

1. advise and assist DES/AzEIP and the Arizona Department of Education (ADE) regarding the provision of appropriate services, for children aged birth to five, inclusive; and
2. advise appropriate agencies in Arizona, with respect to the integration of services for infants and toddlers with disabilities and infants and toddlers who are at-risk and their families, regardless of whether infants and toddlers who are at-risk are eligible for early intervention services in the State.

The Council shall advise and assist DES/AzEIP in the:

- identification of sources of fiscal and other support for services for early intervention programs;
- assignment of financial responsibility to the appropriate agency;
- promotion of the interagency agreements; and
- preparation of applications under IDEA, Part C and amendments to those applications.

Because the ICC is charged with advising and assisting DES/AzEIP in the development and implementation of a comprehensive, statewide system, the ICC will engage in review, deliberation, and recommendation of action that impacts AzEIP in its entirety, including policies and procedures of AzEIP participating agencies.

The Council shall prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within Arizona, for children who are AzEIP eligible and their families and submit the report to the Secretary by a date the Secretary establishes. The annual report will contain the information required by the Secretary for the year for which the report is made.

**APPENDIX A**  
**PUBLIC COMMENT MATERIALS**

**APPENDIX B**

**INTERGOVERNMENTAL AGREEMENT – TRANSITION**

**APPENDIX C**

**ARIZONA STATE PROFESSIONAL  
LICENSING/CERTIFICATION STANDARDS**



## ARIZONA STATE PROFESSIONAL LICENSING/CERTIFICATION STANDARDS

For disciplines identified in CFR § 303.12e

PROFESSIONAL DISCIPLINE	ARIZONA STATE LICENSING CERTIFICATION AUTHORITY	LICENSING/CERTIFICATION ENTRY STANDARDS	CONTINUING EDUCATION REQUIREMENTS
AUDIOLOGISTS	Arizona Department of Health Services – Office of Hearing Aid Dispenser, Audiology, and Speech-Language Pathology Licensure (A.R.S. §36-1940)	<ul style="list-style-type: none"> <li>• Master's degree in audiology or equivalent</li> <li>• Completed a supervised clinical practicum in audiology</li> <li>• Completed an approved postgraduate professional experience in the field</li> <li>• Pass a nationally recognized speech-language and hearing examination as approved by the director</li> </ul>	8 hours of approved continuing education every 12 months
FAMILY THERAPISTS	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3311-3313	<ul style="list-style-type: none"> <li>• Earned Master's degree or higher in a behavior science from a college or university accredited by the Commission on Accreditation for Marriage and Family Therapy Education</li> <li>• Completed a supervised internship as part of the Master's degree or a minimum of 12 months after completion of the Master's degree</li> <li>• Receive a passing score on the Professional Examination Service's Licensing Examination for Marital and Family Therapy</li> <li>• Complete a minimum of 2 years of full-time or equivalent part-time professionally supervised work experience in the practice of Marriage and Family Therapy</li> </ul>	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3311-3313
NURSES	Arizona State Board of Nursing (A.R.S. § 32-1602 et.seq.)	<ul style="list-style-type: none"> <li>• Graduation for an approved program of nursing education</li> <li>• Passing the NCLEX or SBTPE examinations</li> </ul>	Approved Continuing Nursing Education required
OCCUPATIONAL THERAPISTS	Arizona board of Occupational Therapy	<ul style="list-style-type: none"> <li>• Successful completion of the academic requirements of an education program accredited by the</li> </ul>	20 clock-hours for renewal of a 2-year

	Examiners (A.R.S.§ 32-3401-3445)	<p>Accreditation Council for the Occupational Therapy Education established by the American Occupational Therapy Association, Inc.</p> <ul style="list-style-type: none"> <li>• Successful completion of a minimum of twenty-four weeks of supervised fieldwork experience</li> <li>• Passing the written examination approved and administered by the National Board for Certification in Occupational Therapy, Inc.</li> </ul>	license
ORIENTATION AND MOBILITY SPECIALISTS	Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)	<ul style="list-style-type: none"> <li>• Graduation from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) approved university/college program</li> <li>• Passing national examination by Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)</li> </ul>	Required professional activity points is dependent on the range of direct service hours as verified by the applicant's supervisor(s) and must be obtained over the previous five years.
PEDIATRICIANS AND OTHER PHYSICIANS	State Board of Medical Examiners	<ul style="list-style-type: none"> <li>• Meets all requirements for licensure and for taking the United States Medical Licensing Examination</li> <li>• Passing the U.S. Medical Licensing Examination</li> </ul>	20 credit hours of continuing medical education every year
PHYSICAL THERAPISTS	Board of Physical Therapy (A. R. S. § 32-2001-2052)	<ul style="list-style-type: none"> <li>• Graduate from a professional physical therapy education program accredited by a national accreditation agency approved by the board</li> <li>• Successfully passed the national examination approved by the board</li> </ul>	Continuing education required.
PSYCHOLOGISTS	State of Arizona Board of Psychologist Examiners (A.R.S. § 32-2063 – 2073)	<ul style="list-style-type: none"> <li>• Completion of a doctorate for a university, college department, school or institute that has as intent to educate and train psychologists as determined by the board</li> <li>• Two professional references from individuals who are either Arizona licensed psychologists, or members in good standing of the American Psychological Association or American</li> </ul>	60 hours completed each two-year renewal period

		Psychological Society <ul style="list-style-type: none"> <li>• A passing score of 70% on the written examination by the Association of State and Provincial Psychology Boards</li> <li>• An oral examination by a panel chosen for Arizona licensed psychologists</li> </ul>	
SOCIAL WORKERS	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3291-3294)	<ul style="list-style-type: none"> <li>• Baccalaureate degree in social work from a program accredited by the Council on Social Work Education</li> <li>• A passing score on the Basic Examination by the Association of Social Work Boards.</li> </ul>	40 clock hours every two years
SPECIAL EDUCATORS	Arizona Department of Education	<ul style="list-style-type: none"> <li>• Bachelor's degree from an accredited institution</li> <li>• Passing score on the professional knowledge portion of the Arizona Educator Proficiency Assessment</li> <li>• Passing score on the early childhood special education portion of the Arizona Educator Proficiency Assessment (Under development now)</li> </ul>	90-180 hours of professional development activity in a six year period
SPEECH AND LANGUAGE PATHOLOGISTS	Arizona Department of Health Services – Office of Hearing Aid Dispenser, Audiology, and Speech-Language Pathology Licensure (A.R.S. §36-1940)	<ul style="list-style-type: none"> <li>• Master's degree in speech-language pathology or equivalent</li> <li>• Completed a supervised clinical practicum in speech-language pathology</li> <li>• Completed an approved postgraduate professional experience in the field</li> <li>• Pass a nationally recognized examination in speech-language and hearing association approved by the director</li> </ul>	8 hours of approved continuing education every 12 months



## **APPENDIX D**

### **ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS FAMILY SLIDING FEE SCALE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS INCOME RANGES AND SHARE OF COST**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
FAMILY SLIDING FEE SCALE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
INCOME RANGES AND SHARE OF COST**

This scale was adapted from several scales, and reinforces the philosophy that all families have a right and responsibility to contribute to the care and services provided to their child/children.

Family Size	\$1.00 copay per month	10% of cost of service	25% of cost of service	50% of cost of service	75% of cost of service
1	7890 - 10,816	10,817 - 33,360	33,361 - 36,287	36,288 - 39,213	39,214 - 45,138
2	10,610 - 15,784	15,785 - 35,840	35,841 - 41,015	41,016 - 46,189	46,190 - 51,363
3	13,330 - 20,753	20,754 - 38,319	38,320 - 45,743	45,744 - 53,166	53,167 - 60,588
4	16,050 - 25,721	25,722 - 40,800	40,801 - 50,472	50,473 - 60,143	60,144 - 69,813
5	18,770 - 30,689	30,690 - 43,280	43,281 - 55,200	55,201 - 67,119	67,120 - 79,038
6	21,490 - 35,657	35,658 - 45,760	45,761 - 59,928	59,929 - 74,095	74,096 - 88,263
7	24,210 - 40,626	40,627 - 48,240	48,241 - 64,657	64,658 - 81,073	81,074 - 97,488
8	26,930 - 45,594	45,595 - 50,720	50,721 - 69,385	69,386 - 88,049	88,050 - 106,713

Families whose gross income exceeds that in the 75% column will be responsible for 100% of the cost of service.

For families with more than eight members, add \$2460 for each additional family member.

This scale is based upon family gross income of family members contributing/working to maintain the household.

Expense circumstances related to parenting a child with special health care needs have been considered within each income range, so *no deductions* are allowed from gross income.

Families will self-report gross income, locating the appropriate range, based upon the previous year's income statement or monthly gross income, whichever more accurately reflects *current* income.

The ADHS/Children's Rehabilitative Services program has historically instituted a family sliding fee scale for children with special health care needs. Please contact CRS for information regarding its scale and procedure.

**APPENDIX E**  
**INTERAGENCY AGREEMENT**







**SUBJECT:                   SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY:               34 CFR 303.147 - service to all geographic areas**

DES/AzEIP, which is directly supervised by the Director's Office of the Department of Economic Security, administers Part C funds, assigns financial responsibility among appropriate agencies, and ensures that resources are made available under this part for all geographic areas within the State.

DES has divided the State into six districts. Within each district, local program coordinators work with management teams and other community partners to ensure that public awareness and child find activities are culturally and linguistically appropriate, ongoing and designed to identify all potentially eligible children residing in each district.

Local program coordinators and management teams develop partnerships with the Indian Health Service and with tribal authorities in planning public awareness and child find activities on the reservations, of which there are 21 in the State.

DES/AzEIP and local program coordinators work with management teams and other community partners to ensure that districts are well represented in all aspects of AzEIP planning and implementation.

The Children's Information Center Hotline, which is the central directory for the state, has a statewide 1-(800) number and Spanish-speaking personnel available to answer calls. The toll-free number is 1-800-232-1676. The TDD number is (602) 256-7577.

#### **General Education Provision Act §427**

All AzEIP participating agencies have served, and will continue to serve, all racial and ethnic groups within the State. All participating agencies provide services throughout the State; thus providing access for all cultural groups in urban and rural locations, including Native Americans living on reservations geographically located in the State.

The State of Arizona maintains contracts to provide interpreting and translating services in 140 different languages, including the major Native American languages used in Arizona and American Sign Language (ASL). Contracts are available to AzEIP participating agencies as resources for document translation and conversational interpretation services, making translation and interpretation readily available to meet a wide variety of needs, including, but not limited to, documents and forms, telephone conversations, and meetings. AzEIP public awareness materials are available in Spanish and English.

As a provision of the DES/AzEIP contract for interim service coordination, contractors who facilitate the initial entry and eligibility determination process are required to provide translation and interpretation for non-English speaking families.

Facilities used for meetings must meet the accessibility requirements of the Americans with Disabilities Act. All public meeting agendas include the statement to encourage people with disabilities or special needs to request appropriate accommodations to ensure their active participation on all committees, conferences, public hearings and meetings.

To encourage the participation of family members, AzEIP State and local activities are planned with the awareness of the needs to accommodate working parents. AzEIP Family Saturdays were developed to encourage the fullest participation of both fathers and mothers. AzEIP further supports full family participation by providing family stipends.

**SUBJECT: SUBPART B - STATE APPLICATION for a GRANT - General Requirements for a State Application**

**AUTHORITY:** 34 CFR 303.148 - transition to preschool programs  
Individualized Education Programs: 34 CF R300.340 - definitions related to IEPs; 34 CF R300.341 - responsibility of SEA and other public agencies for IEPs; 34 CF R300.342 - when IEPs must be in effect; 34 CF R300.343 - IEP meetings; 34 CF R300.3444 - IEP team; 34 CF R300.345 - parent participation; 34 CF R300.346 - development, review, and revision of IEP; 34 CF R300.347 - content of IEP; 34 CF R300.348 - agency responsibilities for transition services; 34 CF R300.349 - private school placements by public agencies; 34 CF R300.350 - IEP accountability  
ARS 15-771 - Preschool programs for children with disabilities; definition

DES/AzeIP and ADE, with advice and assistance from the ICC, has adopted policies and procedures to assure a smooth transition from Part C programs to Part B preschool programs, to minimize the number of transitions and disruptions for parents and families, to assure the provision of a free appropriate public education on and after a child's third birthday, and to identify the responsibilities of each agency during the transition process. These procedures are based upon an Intergovernmental Agreement between the Department of Education and the Department of Economic Security (Appendix B). These procedures apply to all participating agencies.

Definitions

1. Comprehensive Developmental Assessment: an assessment which includes a review of the child's medical history and current health records and identifies, through the use of acceptable instruments and procedures, the developmental status of the child in the skill areas of: cognition, physical (including vision and hearing screening), language and speech, psychosocial and self-help for the purposes of determining areas of suspected disability and providing information regarding appropriate programmatic goals and objectives.
2. Transition team: a team consisting, at minimum, of the child's parent(s), early intervention service coordinator, representative of the current program provider and local education agency (LEA) representative(s).
3. Transition conference: a meeting to occur, with the consent of the parents, between the time the child is two years six months and two years nine months of age to: a) identify existing assessment components; b) plan for the completion of the necessary additional assessment components by the appropriate agency; c) establish a plan for parental visitation to the LEA program sites, d) establish tentative timelines and activities for the child's transition into the LEA educational system, e) review the child's program options from the child's third birthday to the end of the school year.
4. Individualized Education Program (IEP): a written statement for each eligible child, developed, reviewed and revised in accordance with the statute and including a statement of, a) present levels of educational performance; b) measurable goals and benchmarks or short-term objectives; c) a statement of the special educational services and related services to be provided d) an explanation of the extent to which the child will not participate with non-disabled children, e) a statement regarding participation in state and district-wide

assessments, f) the projected dates, duration and location for service and, and g) a statement of how parents will be informed of their child's progress.

5. Individualized Family Service Plan (IFSP): a written plan developed by a multidisciplinary team, including the parent or guardian, which includes statements of: a) the child's present levels of development; b) the family resources, priorities and concerns; c) the major outcomes expected; d) the specific early intervention services necessary and the method and environments of service provision; e) the projected dates of service; f) the name of the service coordinator; and g) the transition plan.
6. IEP/IFSP conference: a meeting to occur no later than the month prior to the child's third birthday to determine appropriate programming to occur on and after the third birthday. Required participants are the child's parent(s), the early intervention service coordinator, a representative of the child's current program provider, a special educator, a LEA administrator and an early childhood teacher. The conference is called an IEP/IFSP conference because the results could be the development of an IEP or an IFSP.
7. Logical school transition period: The provision of free appropriate public education (FAPE) is required on the child's third birthday. The logical school transition period identifies the maximum time limit for the transfer of responsibility for the provision of FAPE from the early intervention system to the LEA.
  - For children who turn three years of age before September 1, the logical transition period is the first day of that school year.
  - For children who turn three between September 1 and December 1, the logical transition is **either** the first day of that school year (if permitted by LEA policy - see Note) or the first school day following the Thanksgiving holiday.
  - For children who turn three between December 2 and December 31, the logical transition period is either within ninety days prior to the child's third birthday (if permitted by LEA policy - see Note) or the first school day following the Christmas holiday.
  - For children who turn three after December 31 of the school year, the next logical transition period should be determined by the transition team, but, in no event, should it be later than the beginning of the next school year.

Note: State statute permits, but does not require, LEAs to admit preschool children with disabilities up to 90 days prior to the third birthday. The Governing Board of each LEA is responsible for determining its policy.

8. Multidisciplinary Evaluation Team: a team consisting of those individuals involved in the assessment of the child for special education services. At minimum, the team consists of two professionals, one of whom must be a specialist in a field relevant to the child's suspected disability and the parent(s) of the child.
9. Local Education Agency (LEA): The School District in which the child resides.
10. Service coordinator: the individual responsible for coordination of services for a child in the early intervention program. May also be called a Support Coordinator.
11. Parent(s): a parent, guardian, or person acting as a parent or surrogate parent (as defined in A.R.S. 15-761).

12. Free appropriate public education (FAPE): special education and related services which a) are provided at public expense, under public supervision and direction, and without charge; b) meet the standards of the State education agency; c) include preschool, elementary school, and/or secondary school education in the State; d) are provided in conformity with an individualized education program which meets the requirement under Federal regulations.

### **Agency Responsibilities**

#### Transition Conference

##### Early Intervention Agency

With parental consent, the early intervention service coordinator is responsible for arranging for the Transition Conference to be held between the time the child is two years six months and two years nine months of age. The purpose of this meeting is to establish a transition plan. The transition team, as defined, is to be participants in this conference. The service coordinator is also responsible for providing the assessment information available about the child and a copy of the child's current IFSP to the LEA for presentation and discussion at the conference. The service coordinator is the facilitator at the transition conference.

The representative of the child's current program provider is responsible for providing information orally and in writing regarding the child's program and progress within that program to all transition team members.

##### Local Education Agency

The LEA representative is responsible for providing information educational programs for preschool children available through the district, including those with and without disabilities. The LEA representative is responsible for providing the parents with eligibility requirements for preschool special education services including evaluation components and special education classifications. The LEA representative is also responsible for providing the parent a copy of the parents' rights and procedural safeguards that becomes effective upon the child's third birthday.

The LEA representative is responsible for working with the parent(s) to plan for visitations to possible preschool options and to establish tentative timelines for the child's transition into the LEA system.

#### Assessment

##### Early Intervention Agency

The service coordinator will obtain written parental consent and will have the following assessment components completed or updated within the last six months and available to the LEA by the time the child is two years six months of age:

4. vision and hearing screening results
5. developmental and medical history, and

6. a comprehensive developmental assessment which may contain either criterion referenced or norm referenced information

Following the transition conference, the agency responsible for early intervention services will complete other assessment components as determined by the transition team.

#### Local Education Agency

The LEA will complete the following assessment components prior to the child's entering the LEA preschool but no later than the third birthday:

4. norm-referenced standardized measures in the areas of suspected disability as identified by the comprehensive developmental assessment
5. Parental survey measure(s) selected to provide formal parental input into the assessment process/areas of concern. Participation in this component is voluntary on the part of the parent.
6. Other educational assessment components as determined by the transition team.

#### Eligibility Determination

##### Early Intervention Agency

If the child is not eligible for special education, the early intervention service coordinator shall, with the consent of the parent, make reasonable efforts to convene a conference with providers of other appropriate services to discuss services the child may receive.

##### Local Education Agency

The LEA is responsible for determining eligibility for special education services. The determination shall be made by the Multidisciplinary Evaluation Team.

If the child is not eligible for special education services, the LEA is responsible for explaining the results of the evaluation to the parents and the child's service coordinator and for providing notice of procedural safeguards. The LEA should assist the parents in determining the extent of continuing support through other agencies.

If the child is eligible for special education, the LEA is responsible for conducting the IEP/IFSP conference, obtaining appropriate parental consent, and offering appropriate services to the child.

#### IEP/IFSP Conference

##### Early Intervention Agency

It is the responsibility of the service coordinator to attend the IEP/IFSP conference. The service coordinator will present information about non-educational services, which may be available to the child through the State agency, once the responsibility for educational services has been transferred to the LEA. If the early intervention agency is the Division of Developmental Disabilities, the service coordinator will also present the requirements for continuing eligibility for the Division of Developmental Disabilities and Arizona Long Term Care System services once the sixth birthday is reached.

A representative of the provider responsible for the child's current program is to attend the IEP/IFSP conference. It is the responsibility of that representative to offer insights into the needs of the child and to offer input regarding appropriate programming.

#### Local Education Agency

The LEA is responsible for arranging and facilitating the IEP/IFSP conference to determine appropriate programming for the child on and after the third birthday. LEA participants include a special education teacher, a member of the evaluation team, and an administrator (or designee) with the authority to commit the resources of the district. The LEA will notify the child's service coordinator and service provider of the meeting.

#### Initiation/Continuation of Service after the Third Birthday

##### Early Intervention Agency

If it is determined by the IEP/IFSP team that the appropriate educational program for a child is to be maintained in the Early Intervention Program, the child may stay in that program until the next logical school transition period or until a change in program or services is necessary, whichever occurs first. For the period of time the child remains within the early intervention system after the third birthday, the early intervention agency is responsible for providing or paying for the provision of appropriate educational services at no cost to the family.

##### Local Education Agency

Once the next logical school transition period arrives or the IEP/IFSP team determines that the most appropriate placement for a child requires a change in program or services, whichever occurs first, the LEA assumes responsibility for providing or paying for the provision of services. If, at any time after the child's third birthday, the parent requests the LEA to assume responsibility for FAPE, the LEA will do so.

#### Training of Personnel

The Lead Agency for the early intervention system and the Department of Education shall collaborate in providing joint training of early intervention service coordinators and LEA personnel who are involved in the transition of families from early intervention to preschool services.

#### Referrals for Service

##### Early Intervention Agency

When a new intake is being conducted for a child who is two years six months of age or older, the service coordinator, with consent from the parent, will request the participation of the LEA in the initial assessment, eligibility determination and education planning for the child.



**SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES**

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
General**

**AUTHORITY:            34 CFR 303.300 State eligibility criteria and procedures  
ARS 8-651 - Definitions**

The State of Arizona defines as eligible a child between birth and 36 months of age, who is developmentally delayed or who has an established condition, which has a high probability of resulting in a developmental delay, as outlined in the state's definition. The state's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.

A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 per cent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:

- physical: fine and/or gross motor/sensory (includes vision and/or hearing)
- cognitive
- language/communication
- social or emotional
- adaptive (self-help)

Determination that a child is developmentally delayed will be based on professional evaluation, including informed clinical opinion, and will include parental involvement and input.

Established conditions that have a high probability of developmental delay include, but are not limited to:

- chromosomal abnormalities
- metabolic disorders
- hydrocephalus
- neural tube defects (e.g. spina bifida)
- intraventricular hemorrhage, grade 3 or 4
- periventricular leukomalacia
- cerebral palsy
- significant auditory impairment
- significant visual impairment
- failure to thrive
- severe attachment disorders

Determination that a child has an established condition will be based on diagnosis by a qualified physician or other qualified professional (e.g., audiologist) and medical records, and will include the use of informed clinical opinion.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
General**

**AUTHORITY:            34 CFR 303.301 - central directory**

DES/AzeIP ensures that Arizona has developed a Central Directory of information, which is operational and includes the following information:

- public and private early intervention services, resources and experts available within the state
- research and demonstration projects being conducted in the State
- professional and other groups, nationally and locally, that provide assistance to infants and toddlers with special needs, and their families

The Central Directory of information provides sufficient detail to:

- ensure that the general public will be able to determine the nature and scope of the services and assistance available from each of the sources listed in the directory
- enable the parent of an eligible child to contact, by telephone or letter, any of the sources listed in the directory

The Central Directory shall be:

- updated at least annually, through coordination with other information and referral systems
- available in each geographic region, including rural areas
- available in places and in a manner which is accessible to persons with disabilities

The toll-free number for the Central Directory is 1-800-232-1676. The TDD number is (602) 256-7577.

The central directory is widely publicized through general distribution print media. The telephone number for the Children's Information Center (CIC) is included in the public awareness materials developed and disseminated by AzeIP, which include TV public service announcements, brochures, physician education materials, and others. Information about the CIC is also printed periodically in a variety of newsletters, which are disseminated statewide to both parents and professionals.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
Identification and Evaluation**

**AUTHORITY:               34 CFR 303.320 - public awareness program**

DES/AzEIP coordinates with AzEIP participating agencies, community and state partners to ensure that a statewide public awareness system that focuses on the early identification of children who are eligible to receive early intervention services under this part is developed, implemented, and maintained. The public awareness system includes the preparation and dissemination of materials for parents on the availability of early intervention services to all primary referral sources, especially hospitals and physicians. The public awareness system informs the public about—

- (c) the State's early intervention program;
- (d) the child find system, including—
  - (4) the purpose and scope of the system;
  - (5) how to make referrals; and
  - (6) how to gain access to a comprehensive, multidisciplinary evaluation and other early intervention services; and
- (d) the central directory.

**DES/AzEIP, AzEIP participating agencies and local program coordinators promote public awareness and understanding of the Arizona Early Intervention Program through interagency planning and dissemination of public awareness materials; provision of training and technical assistance; and the development of partnerships within the early child care and education, health and human service systems, and the business communities. Public awareness is a continuous, ongoing effort that is in effect throughout the State, including rural areas.**

#### **Interagency Planning and Implementation**

The AzEIP public awareness plan, materials, and training and technical assistance activities are developed and/or reviewed by the State interagency team and the local program coordination team to insure consistency and accuracy of content and identifiers/logos. Public awareness materials describe AzEIP procedures for referral for evaluation and assessment and, as appropriate, provision of services, to facilitate referral from primary referral sources.

#### **Primary referral sources include:**

- hospitals, including prenatal and postnatal care facilities;
- physicians;
- parents/families;
- child care programs;
- local educational agencies (LEAs);
- public health facilities;
- other social service agencies; and
- other health care providers.

**Dissemination**

DES/AzEIP and local program coordinators, with assistance from the regional management teams, disseminate materials to all primary referral sources, such as pediatrician's offices, obstetrician's offices, hospitals, child care and education programs and other sources as indicated in the AzEIP public awareness plan.

AzEIP participating agencies disseminate materials within their agencies and through existing outreach mechanisms.

**Tracking**

DES/AzEIP, AzEIP participating agencies and AzEIP contractors track the dissemination of AzEIP materials by primary referral sources, recording the frequency with which replacement materials are requested and the total number of brochures and other materials provided to each primary referral source. Data is reported to DES/AzEIP on a quarterly basis.

**Evaluation and modification**

In coordination with DES/AzEIP and local management teams, program coordinators and AzEIP participating agencies review tracking data quarterly, evaluate the extent to which primary referral sources are disseminating AzEIP information and modify strategies as necessary.

**Training and technical assistance**

Local program coordinators, with assistance from management teams, provide training and technical assistance to targeted medical, education, human service and child care program as indicated in the public awareness plan.

AzEIP participating agencies provide training and technical assistance within their agencies and for state and community partners.

Training and technical assistance includes information about AzEIP, the child find system, and the central directory. Themes frequently encountered during training and technical assistance activities are noted and reported to DES/AzEIP biannually to be addressed by all public awareness activities.

**Integration into state and community systems and programs**

Local program coordinators, with assistance from management teams, identify potential community partners, and develop local partnerships by facilitating the understanding of the role and scope of the early intervention system, and participating on relevant planning and/or advisory committees.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES –  
Identification and Evaluation**

**COMPREHENSIVE CHILD FIND SYSTEM**

**AUTHORITY:            34 CFR 303.321 - comprehensive child find system**

DES/AzEIP, in coordination with AzEIP participating agencies and local program coordinators, implements a child find system to identify, locate and evaluate all infants and toddlers in Arizona who are eligible for services under this part and determine which children are receiving needed early intervention services. All Child Find activities are coordinated to be consistent with provisions of Part B of IDEA.

**Coordination**

DES/AzEIP, with the advice and assistance of the Interagency Coordinating Council, shall ensure that the child find system for infants and toddlers is coordinated with all other major efforts to locate and identify children conducted by other State agencies responsible for implementing the various education, health, and social service programs relevant to AzEIP, tribes and tribal organizations that receive payments under Part C, and other tribes and tribal organizations as appropriate, including efforts in the –

- Part B of the Act;
- Maternal and Child Health programs under Title V of the Social Security Act;
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) under Title XIX of the Social Security Act;
- Developmental Disabilities Assistance and Bill of Rights Act;
- Head Start Act; and
- Supplemental Security Income program under Title XVI of the Social Security Act.

DES/AzEIP, as Lead Agency, with the advice and assistance of the Interagency Coordinating Council, assures that there will not be unnecessary duplication of effort by the agencies involved in the Part C Child Find system. The resources of each public agency will be utilized to implement the Child Find system in the most efficient manner.

DES/AzEIP, AzEIP participating agencies (public agencies) and their appropriate contractors facilitate the identification, location and evaluation of all potentially eligible children through interagency planning, participating in the public awareness system, screening and referral, and monitoring.

**Interagency Planning**

AzEIP Child Find activities are reviewed biannually by the State interagency team to ensure that there is not unnecessary duplication of effort by the various agencies involved in the AzEIP Child Find system.

The State interagency team, ICC, local AzEIP management teams and local Program Coordinators identify and recruit potential Child Find partners at the State and local levels respectively.

Each AzEIP participating agency ensures that all AzEIP procedures for referral, evaluation and assessment and provision of services, as appropriate, are incorporated into agency policies and procedures and that personnel and employee adherence to these requirements is monitored.

### **Participation in the Public Awareness System**

DES/AzEIP, AzEIP participating agencies and relevant contractors participate in the development and distribution of AzEIP public awareness materials to ensure that primary referral sources are informed about AzEIP procedures for referral for evaluation and assessment and, as appropriate, the provision of services within required timelines.

- DES/AzEIP, the State Interagency Team, appropriate AzEIP participating state agency personnel and contractors develop public awareness materials, including presentations, brochures and other media, that consistently describe: 1) the purpose and availability of early intervention services, 2) the process for making referrals, 3) criteria for eligibility, and 4) the obligation to ensure that referrals are made no more than *two* working days after a professional has identified a potentially eligible child.
- DES/AzEIP and AzEIP participating agencies provide training and materials to appropriate employees, contractors, and related programs within their agencies to support local public awareness and child find efforts.
- Local AzEIP Program Coordinators and AzEIP participating agencies facilitate local public awareness and child find efforts by distributing public awareness materials, physician referral forms and other information as appropriate, to physicians, hospitals, public health nurses, social service organizations, Head Start, child care centers, WIC offices, immunization clinics, faith-based organizations, tribal early childhood programs and other referral sources.
- Local Program Coordinators present to primary referral sources and participate in related boards and community advisory councils to ensure that the broader community is informed of the availability of early intervention services, AzEIP eligibility criteria and how to make a referral to AzEIP in their local areas.

### **Coordination with community-based developmental screening**

AzEIP local Program Coordinators and Management Teams coordinate with community initiatives and events that offer developmental screenings to individual children and families to increase community awareness of and access to AzEIP.

The screening activities are not a necessary step for entry into the AzEIP system. Screening cannot be used to determine AzEIP eligibility.

Upon identification of potential eligibility, primary referral sources refer the child and family to the appropriate agency for evaluation and assessment or, if appropriate, for the provision of an IFSP and early intervention services. This referral is made within two working days, following the identification of the child's potential eligibility. Information and training is provided to primary

referral sources by AzEIP Local Program Coordinators and AzEIP participating agencies, to inform them of eligibility criteria and to identify the AzEIP referral contacts in their local areas.

The Central Directory is linked to the Child Find system.

### **Referral procedures**

AzEIP stipulates that:

- Referrals to AzEIP may be received from any source
- Referral sources are informed of their responsibility to refer a child no more than two (2) working days after a child has been identified as potentially eligible
- AzEIP Interim Service Coordinators maintain toll free phone numbers for use by families and referral sources. The toll free number is identified on public awareness materials and is broadly advertised to referral sources and local communities.
- Once AzEIP receives a referral, an (Interim) Service Coordinator shall be appointed as soon as possible and contact the family within two (2) working days of the referral date
- All AzEIP personnel, employed or contracted, shall recognize a single referral date
- Within 45 days of the referral date, the AzEIP participating agencies, employees, and contractors, shall ensure the completion of evaluation and assessment activities (as described in CFR §303.422), and hold the IFSP meeting (as described in CFR §303.342).
- After AzEIP receives a referral, the interim service coordinator will complete a referral feedback report and send it to the referral source. This report will acknowledge receipt of the referral, and describe the general steps taken in response to a referral.

### **Monitoring**

- Interim Service Coordinators, regardless of agency affiliation or funding source, track and report the sources of all referrals by type/category and quantity to their respective agencies on a quarterly basis.
- AzEIP participating agencies synthesize referral information by county, and report to DES/AzEIP on a quarterly basis.
- DES/AzEIP, the State interagency team and local AzEIP Program Coordinators review and evaluate the compiled referral source data quarterly, and modify public awareness and child find activities accordingly.
- DES/AzEIP and local AzEIP program coordinators track the dissemination of AzEIP materials by primary referral sources to determine the extent to which primary referral sources, especially hospitals and physicians, disseminate the public awareness information. This will be accomplished by recording the frequency with which replacement materials are requested and the total number of brochures and books provided to each primary referral source.



- In the Monthly Service Reports to DES/AZEIP, Local AZEIP Program Coordinators will document all barriers identified which prevent them from fully implementing the Child Find system and coordinate with the Management Teams plans for corrective actions.

**SUBJECT: SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES – Identification and  
Evaluation**

**AUTHORITY:** 34 CFR 303.322 - evaluation and assessment; 34 CFR 303.323 -  
nondiscriminatory procedures

**EVALUATION AND ASSESSMENT**

**Evaluation**

*Evaluation* means those procedures used by appropriate, qualified personnel to determine a child's initial and continuing eligibility for the Arizona Early Intervention Program.

Evaluations will be conducted by personnel who have been trained to use appropriate methods and procedures. Evaluation will be based on informed clinical opinion, and will include the following:

3. a review of pertinent records related to the child's current health status and medical history;
4. an evaluation of the child's level of functioning in each of the following developmental areas:
  - f. cognitive development
  - g. physical development, including vision and hearing
  - h. communication development
  - i. social or emotional development
  - j. adaptive development;

Evaluation:

- is timely, comprehensive and multidisciplinary
- is administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
- procedures and materials are selected and administered so as not to discriminate on the basis of race or culture;
- is conducted by qualified personnel (DES/AZEIP recommends that one of the evaluation team members represent the child's primary area of concern);
- is based on more than a single procedure as the criterion for determining a child's eligibility;
- incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate.

AZEIP is not responsible for costs the family incurs in seeking a second opinion on evaluation findings.

## **Assessment**

*Assessment* means ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:

- the child's unique strengths and needs and the services appropriate to meet those needs; and
- the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

Assessments will be conducted by personnel who have been trained to use appropriate methods and procedures. Assessment will be based on informed clinical opinion, and will include the following:

4. a review of pertinent records related to the child's current health status and medical history;
5. an evaluation of the child's level of functioning in each of the following developmental areas:
  - cognitive development
  - physical development, including vision and hearing
  - communication development
  - social or emotional development
  - adaptive development; and
6. an assessment of the unique needs of the child in terms of each of the developmental areas listed above, including the identification of services appropriate to meet those needs.

Assessment:

- is administered in the native language of the parents and child or other mode of communication, unless it is clearly not feasible;
- procedures and materials are selected and administered so as not to discriminate on the basis of race or culture;
- is conducted by qualified personnel;
- is shaped by family priorities for their child, as well as by child characteristics and diagnostic concerns;
- is conducted in the settings and under circumstances that have been selected by the family as most appropriate for their child (i.e., where their child will do best);
- incorporates parental input, including input regarding their child's functional abilities and current level of participation in the settings that the family identifies as natural or normal for the child and family, including home, neighborhood, and community settings in which children without disabilities participate and other input (as selected by the parents), including day care providers, grandparents, extended family members, friends, siblings.

AZEIP is not responsible for costs the family incurs in seeking a second opinion on assessment findings.

### Family Assessment

A voluntary family assessment that is family-directed and designed to determine the resources, priorities and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child and a family-directed identification of the needs of each child's family to appropriately assist in the development of the child may be conducted. Any family assessment will be voluntary on the part of the family, conducted by personnel trained to utilize appropriate methods and procedures, be based on information provided by the family through a personal interview, and incorporate the family's description of its resources, priorities and concerns related to enhancing the child's development.

### Nondiscriminatory Procedures

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that tests and other evaluation materials are administered in the native language or other communication mode of the child/family unless clearly not feasible to do so.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that assessment and evaluation procedures and materials are selected and administered so as not to discriminate on the basis of race or culture.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that no single measure shall be used as the sole criterion for determining a child's eligibility.

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that evaluation and assessment shall be conducted by qualified personnel.

### Informed Clinical Opinion

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that informed clinical opinion is used in determining a child's eligibility for AZEIP and is especially important if there are no standardized measures or if the standardized procedures are not appropriate for a given age or developmental area.

## **INTERAGENCY PLANNING**

DES/AZEIP, in cooperation with AZEIP participating agencies, ensures that a timely, comprehensive, multidisciplinary evaluation is performed for all children who are potentially eligible, ages birth to 36 months. A family-directed identification of the needs of each child's family to appropriately assist the development of their infant or toddler is conducted.

DES/AZEIP ensures that the requirements for assessment and evaluation and nondiscriminatory procedures are implemented by all affected public agencies and service providers through interagency planning, implementation and monitoring with the AZEIP participating agencies and their contractors. Each AZEIP participating agency engages in the development, implementation and monitoring of the following policies regarding evaluation and assessment, and nondiscriminatory procedures.

## **INTERIM SERVICE COORDINATION**

DES/AzEIP, DES/DDD, ADHS and ASDB employ and/or contract with Interim Service Coordinators. Regardless of agency affiliation or funding source, all personnel fulfilling the interim service coordination functions adhere to AzEIP policies and procedures.

Interim Service Coordination facilitates the process across AzEIP. If the child is not eligible for the agency for which the Interim Service Coordinator works, the Interim Service Coordinator will continue to fulfill all interim service coordination functions and adhere to all AzEIP policies and procedures until AzEIP eligibility is determined and the family transitions to service coordination.

If a child is determined AzEIP eligible and eligible for the AzEIP participating agency for which the interim service coordinator works, the interim service coordinator transitions service coordination functions to a service coordinator who will seek additional resources from other AzEIP participating services, as appropriate.

Each family referred to AzEIP works directly with an Interim Service Coordinator to facilitate the initial planning process. The initial planning process includes intake, assessment and evaluation, eligibility determination, transition to service coordination and, at the family's request, IFSP development.

The Interim Service Coordinator informs parents of their rights and procedural safeguards, including the right to appeal the eligibility decision.

Appropriate evaluations conducted prior to referral may be used to support eligibility determination in conjunction with a review of medical records, parent report, and observation. The Interim Service Coordinator will assist the family to enroll with the appropriate agency(ies) and discuss community resources related to the family's priorities.

If current evaluations are not available, the interim service coordinator will facilitate scheduling of appropriate evaluations and assist the family, if needed, in keeping appointments.

## **ELIGIBILITY**

Personnel from the Department of Economic Security, Division of Developmental Disabilities (DES/DDD), Arizona Department of Health Services (ADHS), and the Arizona State Schools for the Deaf and the Blind (ASDB) will determine eligibility for their respective agencies. Agency eligibility and AzEIP eligibility are two separate processes, as a child may be eligible for AzEIP, but not eligible to receive early intervention services from a particular agency.

Evaluation services purchased or funded by Part C facilitate the collection of information to support eligibility for an AzEIP participating agency for children who are AzEIP eligible.

At the completion of the evaluation, if the child is determined eligible for AzEIP, the Interim Service Coordinator will assist the family to become enrolled with the appropriate agency or agencies and facilitate the transition to a service coordinator.

For children who are determined to be ineligible for services, the interim service coordinator will offer tracking of the child's development with the Ages and Stages Questionnaire until the child's third birthday or the family decides not to participate in the Ages and Stages Questionnaire tracking.

system. The Ages and Stages Questionnaire tracking system will be implemented by DES/AzEIP contracted interim service coordinators in accordance with the Ages and Stages procedures and periodicity. The interim service coordinator will assist the family in identifying community resources that may interest the family at the time that the child is determined ineligible. Community resources may include childcare, church playgroups, library storytime, informal and organized parent-to-parent support, and workshops through local schools, hospitals, childcare resource and referral, etc.

### **SERVICE COORDINATION**

Each child and family will be assigned to a primary agency through the initial planning process. The purpose of assigning a primary agency is to ensure that families have only one service coordinator, though services may be provided through multiple agencies.

#### **Primary Agency Assignment**

The Arizona Department of Economic Security/Division of Developmental Disabilities (DES/DDD) will assume the primary agency role for children who are eligible for DES/DDD and have developmental delays or the following established conditions:

- chromosomal abnormality, when the abnormality is known to result in developmental delay
- hydrocephalus
- intraventricular hemorrhage, grade 3 or 4
- periventricular leukomalacia
- cerebral palsy

The Arizona Department of Health Services will assume the primary agency role for children with the following established conditions:

- metabolic disorders
- neural tube defects
- severe attachment disorders
- failure to thrive

The Arizona State Schools for the Deaf and the Blind Outreach Program will assume the primary agency role for the following established conditions:

- significant auditory impairment, when it is the major disabling condition
- significant visual impairment, when it is the major disabling condition

### **TIMELINES**

DES/AzEIP, in cooperation with AzEIP participating agencies, assures that evaluation and initial assessment of the child and family and the development of an IFSP shall be conducted within 45 days of referral to DES/AzEIP, its contractors, any AzEIP participating agency or their contractors.

If exceptional circumstances make it impossible to complete the evaluation and assessment in 45 days, the interim service coordinator, regardless of agency affiliation or funding source, shall submit to their respective agency and the family a timeline exception form, which documents the reason for the delay and the expected date for completion of the evaluation/assessment. An interim IFSP shall be developed as appropriate and consistent with §303. 345 (b)(1) and (b)(2).

An interim IFSP may be developed if:

- the child has obvious, immediate needs that are identified; and
- the requirements for the timely evaluation and assessment are not circumvented.

Quarterly, AzEIP participating agencies will submit to DES/AzEIP copies of all timeline exception reports with a summary of the reoccurring themes identified in the exception reports and the intended corrective action.

**SUBJECT:                   SUBPART D - PROGRAM and SERVICE COMPONENTS of a  
STATEWIDE SYSTEM of EARLY INTERVENTION SERVICES -  
Individualized Family Service Plans (IFSPs)**

**AUTHORITY:**           34 CFR 303.340 - general; 34 CFR 303.342 - procedures for IFSP  
development, review, and evaluation; 34 CFR 303.343 - participants in  
IFSP meetings and periodic reviews; 34 CFR 303.344 - content of an  
IFSP; 34 CFR 303.345 - provision of services before evaluation and  
assessment are completed; 34 CFR 303.346 - responsibility and  
accountability

DES/AzeIP, through cooperation with the AzeIP participating agencies, ensures that an Individualized Family Service Plan (IFSP) is developed and implemented for each child who is AzeIP eligible, in accordance with the requirements of IDEA, Part C.

The IFSP belongs to the family – it shall reflect their concerns, perceptions, and desired outcomes; and be written in language the family uses and understands. Early intervention services and supports on the IFSP shall be flexible, accessible, and responsive to the goals of the family. Families shall have access to services and supports that:

- are provided in natural environments;
- are embedded in the family's daily activities and routines; and
- promote the integration of the child and family into the community.

The IFSP process and the services and supports needed and received by a child who is AzeIP eligible and the child's family shall reflect cooperation, coordination, and collaboration among all agencies providing early intervention services. A meeting to develop the initial IFSP must be held within 45 days of the initial referral to AzeIP.

The IFSP must:

- be developed jointly by the family and appropriate, qualified persons involved in the provision of early intervention services;
- be based on the multidisciplinary assessment/evaluation of the child, and on the family's identified priorities, resources and concerns;
- include services necessary to enhance development of the child and the capacity of the family to meet the special needs of the child; and
- identify the agency or agencies responsible for delivery of each of the services needed.

The IFSP must include:

- a statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
- with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child;
- a statement of the major outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;



- a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
  - f. the number of days or sessions, the length of time per session, and whether the service will be provided on an individual or group basis (frequency and intensity),
  - g. how the service will be provided (method),
  - h. the natural environments in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment,
  - i. the actual place or places where the service will be provided (location), and
  - j. the payment arrangements, if any;
- to the extent appropriate, non-routine medical and other services the child needs but are not required under IDEA, Part C, the funding sources for those services, and the steps that will be taken to secure those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
- the projected dates for beginning services as soon as possible after the IFSP meeting;
- the anticipated duration of services; and
- the name of the responsible service coordinator.

When appropriate, the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other services, must also be included in the IFSP. These steps include:

- discussions with, and training of, family members regarding future placements and other matters related to the transition;
- procedures to prepare the child for changes in service delivery; including steps to help the child adjust to, and function in, a new setting; and
- with parental consent, the transmission of information about the child to the local educational agency, to ensure continuity of services, including evaluations and assessments, and copies of the IFSPs that have been developed and implemented.

The contents of the IFSP must be fully explained to the family and informed written consent from the parents must be obtained prior to the provision of early intervention services described in the plan. If the parents do not provide consent with respect to a particular early intervention service or withdraw consent after first providing it, that service may not be provided. The early intervention service to which parental consent is obtained must be provided.

Services for a child who is AzEIP eligible, and that child's family, may begin before assessments/evaluations have been completed if the family's consent is obtained, if assessments/evaluations are completed within the 45-day timeframe, and if an interim IFSP is developed which includes:

- the name of the responsible Interim Service Coordinator or Service Coordinator; and
- the services that have been determined to be needed immediately.

An interim IFSP may be developed if:

- the child has obvious, immediate needs that are identified; and
- the requirements for the timely evaluation and assessment are not circumvented.

A periodic review of the IFSP must be conducted, either by a meeting or by another means acceptable to all parties, every 6 months or more frequently if necessary, or if the family requests it, in order to determine:

- the degree to which progress is being made toward achieving outcomes; and
- whether modifications or revisions of outcomes or services are necessary.

Each periodic review must provide for the participation of:

- parent(s) or legal guardian of the child;
- other family members, if requested by the parent(s);
- an advocate or any other person outside of the family, if requested by the parent(s); and
- the Service Coordinator.

If conditions warrant, provision must be made for the participation of:

- the person or persons directly involved in conducting the evaluation and assessments; and
- person(s) who will be providing services, if appropriate.

An annual meeting must be held to evaluate the IFSP, and revise it if necessary, based on information from ongoing assessments and any current evaluations. IFSP meetings must:

- be held in settings and at times that are convenient to families;
- be conducted in the native language of the family or other mode of communication used by the family; and
- be arranged with the family and other participants early enough before the meeting date to ensure that they will be able to attend, and written notice of the meeting must be provided which includes copies of relevant documentation.

Participation in each initial and annual IFSP must include:

- parent(s) or legal guardian of the child;
- other family members, if requested by the parent(s);
- an advocate or any other person outside of the family, if requested by the parent(s);
- the Service Coordinator;
- person(s) directly involved in conducting the assessments/evaluations; and
- person(s) who will be providing services, if appropriate.

If person(s) directly involved in conducting the assessments/evaluations are not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- participating in a telephone conference call;
- having a knowledgeable authorized representative attend the meeting; or
- making pertinent records available at the meeting.

**SUBJECT**                      **SUBPART D - PROGRAM AND SERVICE COMPONENTS OF A  
STATEWIDE SYSTEM OF EARLY INTERVENTION SERVICES  
- Personnel Training and Standards**

**AUTHORITY**                34 CFR 303.360 - comprehensive system of personnel development; 34  
CFR 303.361 - personnel standards  
Comprehensive System of Personnel Development: 34 CFR 300.380 -  
general CSPD requirements; 34 CFR 300.381 - adequate supply of  
qualified personnel; 34 CFR 300.382 - improvement strategies

## **COMPREHENSIVE SYSTEM OF PERSONNEL DEVELOPMENT**

DES/AzEIP coordinates and maintains the AzEIP comprehensive system of personnel development, the AzEIP Professional Development System. The AzEIP Professional Development System:

5. is consistent with the comprehensive system of personnel development requirements of Part C and Part B of the Act;
6. provides for inservice and preservice training to be conducted on an interdisciplinary basis, to the extent appropriate;
7. provides training for a variety of personnel needed to meet the requirements of Part C, including public and private providers, primary referral sources, paraprofessionals and service coordinators; and
8. ensures that the training provided relates specifically to –
  - understanding the basic components of the early intervention system in Arizona;
  - meeting the interrelated social or emotional, health, developmental, and educational needs of children who are AzEIP eligible; and
  - assisting families to enhance the development of their children by their full participation in development and implementation of IFSPs.

In addition, the AzEIP Professional Development System coordinates with the AzEIP participating agencies to encourage:

- implementation of innovative strategies and activities for the recruitment and retention of providers who are appropriately knowledgeable and skilled in the delivery of early intervention services;
- the preparation of early intervention providers who are fully and appropriately qualified to provide early intervention services;
- training personnel to work in rural and inner city areas; and
- training personnel to coordinate transition services for infants and toddlers from AzEIP to other programs, including the 619 Program under Part B.

DES/AzEIP and the AzEIP participating agencies support interdisciplinary in-service training and continuing professional development opportunities to ensure that the AzEIP providers, whether employed or contracted, are appropriately knowledgeable and skilled in the delivery of early intervention services, and understand the basic components and requirements of AzEIP.

## **Training and Continuing Professional Development**

AzEIP Professional Development System provides and/or supports training and professional development opportunities to all AzEIP service providers. Training events are provided to meet the need of two types of audiences; those requiring general knowledge about AzEIP, and those requiring detailed knowledge and skills in the provision of early intervention services.

DES/AzEIP and the participating agencies use a flexible combination of methods to ensure that all personnel are trained. DES/AzEIP and the AzEIP participating agencies collaborate to:

- provide training directly to personnel or contractors.
- develop and share training across agencies.
- contract with knowledgeable individuals or organizations to provide training.
- sponsor or endorse existing conferences or training events that promote the knowledge and skills of early intervention service providers and/or the awareness and understanding of AzEIP.

As in all aspects of the Arizona Early Intervention Program, families are equal partners and participants in AzEIP training. AzEIP also collaborates with the two Arizona Parent Information and Training Centers and the Arizona Department of Education, Enhancing Arizona's Parents Network (EAPN), in actively promoting the availability of training opportunities for families.

### **Technical Assistance and Training**

DES/AzEIP and the AzEIP participating agencies, with advice and assistance from the ICC, will use multiple and diverse sources of information to identify statewide technical assistance and training needs. These sources include, but are not limited to, the AzEIP Program Registration process, AzEIP Monitoring and Evaluation results, local program coordinators' monthly and annual reports, and AzEIP participating agencies' performance reports, evaluations and program audits.

In the second quarter of each State fiscal year, the State interagency team will review the statewide summary of technical assistance and training requests. The State interagency team will identify the priorities for AzEIP training and assign the shared interagency resources to address the priorities.

Local program coordinators facilitate the ongoing collection of regional technical assistance needs and resources of the local management teams through the monthly and annual reports to DES/AzEIP. Each local program coordinator may also bring forward the needs and concerns of their local management teams through the bi-monthly meetings or direct contact with DES/AzEIP or AzEIP participating agencies.

AzEIP service providers request and receive individual and/or regional technical assistance from DES/AzEIP and the AzEIP participating agencies. DES/AzEIP and AzEIP participating agencies collaborate to provide consistent technical assistance information, resources, and policy clarifications via on-site visits, list serves, email, conference calls, and written documents.

### **Preservice Professional Preparation**

The AzEIP Professional Development System promotes interdisciplinary approaches to extend the appropriate knowledge, skills, and understanding of AzEIP to preservice professional preparation programs. The AzEIP Professional Development System provides technical assistance and guidance to assist universities and college programs successfully integrate the identified requirements for professional knowledge, skills, and understanding of AzEIP into course work and curricula.

Pre-service training programs may request approval from DES/AzEIP to offer a pre-service training program as a mechanism to fulfill the AzEIP Standards of Practice Requirements. Upon

completion, graduates of AzEIP-approved pre-service training programs will have satisfied AzEIP Standards of Practice requirements.

### **Coordination with the Part B CSPD**

To ensure consistency and continuity of personnel development activities across Part C and Part B, the State interagency team, including representation from the Arizona Department of Education, participates in CSPD advisory committees, provides joint development and reviews of personnel documents, and, to the maximum extent appropriate, encourages the collaborative design and support of appropriate and relevant training events and activities. AzEIP is a collaborative partner on the State Improvement Grant (SIG).

## **PERSONNEL STANDARDS**

DES/AzEIP ensures that the statewide AzEIP system has:

- (3) Policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately trained.
- (4) Policies and procedures for the establishment and maintenance of standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession or discipline in which a person is providing early intervention services.

**DES/AzEIP and the AzEIP participating agencies establish and maintain consistent, statewide personnel standards for all employed or contracted providers of early intervention services to children and families who are receiving services through the AzEIP system.**

### ***AzEIP Personnel Standards (CFR § 303. 361)***

To ensure that all personnel are appropriately and adequately prepared and trained to provide early intervention services to eligible children and their families, AzEIP established standards for four personnel categories: 1) early intervention assistants; 2) service coordinators; 3) early interventionists; and 4) early intervention supervisors. The AzEIP personnel standards for each category describe (a) the primary role and responsibilities (b) the educational requirement (c) the Standards of Practice certificate and (d) supervision appropriate for personnel.

The AzEIP personnel standards apply to personnel who are providing early intervention and service coordination services to children who are eligible for AzEIP and their families.

Personnel hired or contracted prior to July 1 2001:

- (7) For personnel who were hired or contracted by an AzEIP-funded program or contract, prior to the July 1, 2001, implementation of the personnel standards, the formal educational requirements were grandfathered based on the documentation of continuing satisfactory employment.
- (8) Early Interventionists and/or Service Coordinators who do not hold a professional State license or certificate and who were hired or contracted by an AzEIP-funded contract or program prior to July 1, 2001, the procedure for meeting the AzEIP personnel standards is: (a) a Bachelors degree or documentation of satisfactory AzEIP employment and (b) completing the knowledge and skill components of the AzEIP Standards of Practice by July 1, 2004.
- (9) Early Interventionists and/or Service Coordinators who hold a current and valid Arizona professional license or certificate and who were hired or contracted by an AzEIP-funded contract or program prior to July 1, 2001, the procedure for meeting the AzEIP personnel standards is: (a) the continued maintenance of the valid and

current Arizona license or certificate and (b) completing the knowledge and skill components of the AzEIP Standards of Practice by July 1, 2006.

- (10) Early Interventionists and Service Coordinators hired after July 1, 2001 will have three (3) years from the date of their hiring to complete the knowledge and skill components of the AzEIP Standards of Practice.
- (11) Early Intervention Assistances and Early Intervention Supervisors shall complete the AzEIP Standards of Practice requirements for their respective personnel categories by July 1, 2006.
- (12) The procedures for implementing the AzEIP personnel standards are incorporated by the AzEIP participating agencies through employment practices and contract procedures, and monitored by DES/AzEIP.

The State of Arizona is making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to children who are AzEIP eligible. In geographic areas of the State where there are shortages of personnel that meet the State's qualifications, hiring the most qualified individuals available who are making satisfactory progress toward completing the Bachelor's degree requirements is permitted under the following conditions:

- 1) The individual will develop and complete a written plan to obtain the course work necessary to meet the Bachelor's requirement with three years of employment;
- 2) The documentation of the individual's annual progress in completing the plan shall be reviewed by the employing supervisor or contractor and maintained in the employer's personnel file to continue employment/contracting;
- 3) Until the individual has completed his/her Bachelor's degree requirements, he/she shall work under the direct supervision and oversight of a qualified Early Intervention Supervisor, Early Interventionist, or Service Coordinator;
- 4) While in the process of completing the requirements of the Bachelor's degree and/or AzEIP Standards Practice, the supervisor or employer shall review, at a minimum, 10% of the individual's IFSPs and case notes, in order to maintain quality assurance; and
- 5) A final evaluation of the individual's knowledge of early intervention and skills in delivering early intervention services will be conducted if he/she has not completed the degree requirement at the end of the three year period from the initial hire date. This evaluation shall consider of the documentation of superior job performance; demonstration of satisfactory annual progress in completing the degree plan; extraordinary individual circumstance which prohibits the completion of the degree plan; and passing scores on the AzEIP Standards of Practice tests for all five content areas. Should the employer/contractor determine that individual should be retained, the employer/contractor may apply to the DES/AzEIP office for an extension to retain the individual.

This provision shall not enable the State or any of its providers to hire or employ individuals in positions requiring professional licensure, certification, or registration, unless they comply with the licensure, certification, or registration requirements appropriate for their field.

#### State Licensure, Registration, and Certification

Independent of AzEIP, the State of Arizona maintains professional licensure, certification, and/or registration for many of the disciplines used in the provision of early intervention services. Licensure, certification, and/or registration requirements are not synonymous with AzEIP Personnel Standards, and are established and maintained

under a separate authority. AzEIP personnel are required to meet the applicable AzEIP personnel standards and the State licensure, certification, and/or registration requirements as appropriate.

## **EARLY INTERVENTION ASSISTANT**

### **FUNCTIONS**

An **Early Intervention Assistant** may, under the guidance and supervision of a qualified professional:

- Assist families and other team members to gather information about the family's priorities, resources and interests; and the child's developmental records;
- With appropriate training, conduct a screening of the child's development using the ASQ or other AzEIP approved screening tool;
- Participate in multidisciplinary team (MDT) discussions regarding AzEIP eligibility, but cannot represent a profession or discipline;
- Support the family and other IFSP team members in the development of the Individualized Family Service Plan (IFSP);
- Coordinate with the IFSP team to carry out the early intervention supports and services to achieve the IFSP outcomes;
- Review the child and family's progress and changes in priorities, resources and interests with the IFSP team and supervising professional, on a regular basis.

### **REQUIREMENTS**

- Associate of Arts degree in Child Development or closely related field, or Child Development Associate (CDA) degree or enrolled in an undergraduate degree program; and
- Completion of the AzEIP Standards of Practice skill component within two years of employment.

### **SUPERVISION**

- Shall work under the guidance and regular supervision of a qualified AzEIP Early Interventionist, Service Coordinator, or Early Intervention Supervisor; and,
- If applicable, the proscribed supervision of an appropriate licensed professional as dictated by State licensure. For example, under the State licensure for Certified Occupational Therapy Assistants, their provision of occupational therapy services must conform to the proscribed scope of practice and supervision of a licensed Occupational Therapist.

### **CONTINUING EDUCATION**

Maintain active and on-going professional development activities, as required and supported under current contract or employment with an AzEIP participating agency or as dictated by state licensure if applicable.

## **EARLY INTERVENTIONIST**

### **FUNCTIONS**

An **Early Interventionist** is a professional who

- assists the family in supporting their infant's or toddler's development in the context of naturally occurring relationships, routines, and environments through a process of assessment, planning and intervention; and
- supports the expansion of the knowledge and skills of the early intervention team through consultation, observations, reviews of progress records, and direct guidance and support:

As a member of a Multidisciplinary Team (MDT) the **Early Interventionist** will:

- Participate as team member throughout the planning and implementation of the initial planning process abiding by the federal regulations and the laws and scopes of practice that respectively govern early intervention and their specific professions or disciplines.
- Gather and review all available developmental and health records and documents.
- Gather information about the family's priorities, resources, and interests.
- With appropriate training, conduct an evaluation or assessment of the child's development, as needed.
- Participate in the team discussions of AzEIP eligibility representing his or her profession or discipline.
- Make recommendations of AzEIP eligibility.
- Provide documentation and information to facilitate the determination and/or documentation of agency eligibility.

As a member of the IFSP Team, the **Early Interventionist** will:

- Participate as team member throughout the planning, implementation and evaluation of comprehensive and integrated early intervention supports and strategies abiding by the federal regulations and the laws and scopes of practice that respectively govern their professions or disciplines.
- Support the family and other IFSP team members in the development of the Individualized Family Service Plan (IFSP).
- Plan and implement early intervention supports and services to achieve the IFSP outcomes.
- Review and evaluate the child and family's progress and changes in priorities, resources, and interests with the IFSP team.

## **REQUIREMENTS    General Requirements for Early Interventionists**

- A minimum of a Bachelor's degree in Early Childhood, Early Childhood Special Education, Nursing, Speech Therapy, Physical Therapy, Occupational Therapy, Psychology, Social Work, or a closely related field
- Completion of the AzEIP Standards of Practice for Early Interventionists within three years of employment

### **Specific Professional Licensing/Certification/Registration Requirements:**

When an Early Interventionist is employed or contracted as a professional to deliver services for which the State of Arizona has enacted or authorized certification, licensing, registration, or other comparable requirements through legislation or practice act, the Early Interventionist shall also meet the proscribed professional requirements and rules of professional conduct for that discipline or profession.

#### Development Specialist – Early Intervention:

A minimum of a Bachelor's Degree in Child Development, Early Childhood, Early Childhood Special Education, Social Work, or a closely related field.



Early Childhood Special Educator – Early Intervention

Certification by the Arizona Department of Education in Early Childhood Special Education.

Occupational Therapist (OT) – Early Intervention

Current, valid Arizona license to practice Occupational Therapy.

Pediatric Nurse Practitioner (PNP) – Early Intervention

Current, valid Arizona registration to practice as a Pediatric Nurse Practitioner.

Physical Therapist (PT)– Early Intervention

Current, valid Arizona license to practice Physical Therapy.

Psychologist– Early Intervention

Current, valid Arizona license to practice Psychology.

Public Health Nurse– Early Intervention

Current, valid Arizona registration as a Nurse.

Speech/Language Pathologist (SLP)– Early Intervention

Current, valid Arizona license to practice as a Speech-Language Pathologist.

NOTE: If a Speech-Language Pathologist is completing a clinical fellowship year (CFY), he or she must possess a valid, temporary Arizona license and documentation of an approved supervision plan under a Speech-Language Pathologist who has a current, valid Arizona license and the American Speech and Hearing Association Certificate of Clinical Competence (CCC).

**SUPERVISION**

- An Early Interventionist who has completed the AzEIP Standards of Practice may supervise Early Intervention Assistants, in accordance with state license regulations, if applicable.
- As part of the on-going, continuous professional development, Early Interventionists receive regular and reflective supervision and/or colleague support as specified in the conditions of their employment or contracts.

**CONTINUING  
EDUCATION**

- If employed or contracted as a licensed, registered, or certified professional, the practitioner shall complete the continuing education units required to maintain professional licensure, registration, or certification.

OR

- If employed or contracted as a professional in a discipline which is not a licensed, registered, or certified profession (e.g., Developmental Specialist), the practitioner shall maintain active and on-going professional development activities, as required and supported under current contract or employment with an AzEIP participating agency.

SERVICE COORDINATOR

**FUNCTIONS**

A **Service Coordinator** is designated or authorized by the participating AzEIP

agency, through employment or contract:

- To determine or authorize agency eligibility;
- To access and authorize the provision of agency supports and services;
- To provide on-going contact and support to families and children during on-going service delivery and during transitions in service delivery.

As identified in the Individuals with Disabilities Education Act (IDEA, Part C, CFR § 303.23 (b)), service/support coordination activities shall include:

- coordinating the process of evaluations and assessments to determine initial and on-going eligibility;
- participating in the development of the initial IFSP;
- facilitating 6-month reviews and annual evaluations of Individualized Family Service Plans and transition plans;
- assisting families in identifying available agency and community supports and services;
- coordinating and monitoring the delivery of available services;
- informing families of the availability of advocacy services;
- coordinating with community resources, medical and health providers; and
- facilitating the development of a transition plan for preschool services, if appropriate.

## **REQUIREMENTS**

### **Qualifications for Service Coordinators:**

- Bachelor's degree in human service or closely related field; and
- Completion of the AzEIP Standards of Practice for Service Coordinators within three years of employment

## **SUPERVISION**

- A Service Coordinator who has completed the AzEIP Standards of Practice may supervise Early Intervention Assistants, in accordance with state license regulations, if applicable.
- As part of the on-going, continuous professional development, Service Coordinators receive regular and reflective supervision and/or colleague support as specified in the conditions of their employment or contracts.

## **CONTINUING EDUCATION**

While contracted or employed as **Service Coordinators**, individuals shall maintain active and on-going professional development activities, as required and supported under their current contracts or employment with an AzEIP participating agency.

## **EARLY INTERVENTION SUPERVISOR**

## **FUNCTIONS**

An **Early Intervention Supervisor** is responsible for:

- (3) regular, collaborative, and reflective supervision, in accordance with State license regulations, if applicable, of early intervention service providers: Service Coordinators, Early Interventionists, and/or Early Intervention Assistants; and
- (4) monitoring the assurance of program quality and standards.

Within their employment or programs, Early Intervention Supervisors coordinate the professional development opportunities and verification of skills for individuals under their supervision, in accordance with the AzEIP Standards

of Practice.

- |                             |  |
|-----------------------------|--|
| <b>REQUIREMENTS</b>         | <ul style="list-style-type: none"><li>• Bachelor's Degree in Early Childhood, Early Childhood Special Education, Nursing, Social Work, or a closely related field.</li><li>• Two years of relevant work experience in the provision of direct services to young children and families.</li><li>• Completion of the AzEIP Standards of Practice knowledge components.</li><li>• Completion of the Basic Supervision Training.</li><li>• Completion of the AzEIP Apprenticeship for Supervisors.</li></ul> |
| <b>CONTINUING EDUCATION</b> | <ul style="list-style-type: none"><li>• Completion of a minimum of two annual Supervisors' follow-up sessions, one of which shall be prescribed by DES/AzEIP to assure familiarity with, knowledge of, and understanding of new State policies or initiatives.</li></ul>   |

### **AzEIP Standards of Practice**

The AzEIP Standards of Practice describe the program practices and individual knowledge and skills necessary for effective early intervention service delivery and service coordination. There are three components to the AzEIP Standards of Practice system: (1) AzEIP Program Registration, (2) Verification of Individual Knowledge, and (3) Verification of Individual Skills.

#### **3. AzEIP Program Registration**

DES/AzEIP and the AzEIP participating agencies will require each existing early intervention program or contractor (including initial planning process regional teams, service delivery contractors, and service coordination) to submit a completed an updated or new AzEIP Program Registration annually within sixty (60) days at the beginning of the State fiscal year (July 1<sup>st</sup>).

A completed AzEIP Program Registration includes: the AzEIP Program Self-Assessment, Program Development Plan, and Request for Technical Assistance based on the identified AzEIP Standards of Practice. Programs and/or contractors who previously submitted the AzEIP Program Registration under an existing contract have the option of submitting a new Program Self-Assessment and up-dating their Program Development Plans. New programs and contractors must submit the AzEIP Program Registration completed within 3 months of the award of the contract for AzEIP services.

#### **4. Verification of Knowledge**

In the AzEIP Standards of Practice Verification of Individual Knowledge component, practitioners demonstrate knowledge in five content areas: AzEIP Policies and Professionalism, Child Development/Developmental Risks and Variations; Families, Family-professional Partnerships, and Teaming; Assessment; and Planning and Intervention. Practitioners may choose to verify their individual knowledge through successful completion of training or testing-out in each of the five areas.

#### **3. Verification of Skills through Apprenticeship**

In the AzEIP Standards of Practice apprenticeship, practitioners apply and demonstrate their knowledge of the AzEIP Standards of Practice while working closely with a supervisor or professional colleague for a period of six to twelve months, in an AzEIP-registered program and/or contract.

The practitioner who works full-time (i.e., 30-40 hours per week) with infants, toddlers and their families will complete the apprenticeship in six (6) months, during which time the apprentice will (a) participate in a minimum of three (3) IFSP meetings with families on their caseload, (b) work with his or her supervisor/colleague to complete the AzEIP Apprenticeship Guide at the beginning and the end of the apprenticeship, and (c) develop a professional development plan which addresses the areas of the AzEIP Standards of Practice that are their individual priority areas.

The practitioner who works less than full-time (i.e., 29 hours or less per week) with infants, toddlers and their families will complete the apprenticeship in twelve months (12) months, during which time the apprentice will (a) participate in a minimum of three (3) IFSP meetings with families on their caseload, (b) work with his or her supervisor/colleague to complete the AzEIP Apprenticeship Guide at the beginning and the end of the apprenticeship, and (c) develop a professional development plan which addresses the areas of the AzEIP Standards of Practice that are their individual priority areas.

Practitioners may begin the apprenticeship after completing the knowledge requirements for (a) AzEIP Policies and Professionalism, (b) Child Development/Developmental Risks and Variations, and (c) Families, Family-Professional Partnerships, and Teaming. The remaining knowledge requirements may be completed before or during the AzEIP Apprenticeship.

#### **Maintenance of Personnel Standards**

DES/AzEIP, in partnership with the AzEIP participating agencies, establishes the AzEIP personnel standards through the provisions and conditions of AzEIP contracts and employment policies. DES/AzEIP and the AzEIP participating agencies monitor early intervention programs and contractors to ensure consistent, statewide adherence to the established personnel standards.

DES/AzEIP and the AzEIP participating agencies, with advice and assistance from the ICC, review the personnel standards on an annual basis to ensure the standards continue to meet AzEIP criteria and are consistent with State and Federal regulations.

At the beginning of each State fiscal year (July 1<sup>st</sup>), or following the award of new contracts, each AzEIP participating agency shall provide, to DES/AzEIP, an annual summary of the status of the personnel it employs or contracts with to provide AzEIP services.

AzEIP programs or contractors maintain the personnel files for their employees or contractors who provide early intervention services to document that they meet all current professional and AzEIP standards.

#### **Notification and Dissemination of Personnel Standards Information**

DES/AzEIP and the AzEIP participating agencies, with the advice and assistance of the ICC, coordinate the cooperative dissemination of information relevant to the AzEIP personnel standards and training.

DES/AzEIP and each AzEIP participating agency notifies its personnel and its contractors of the personnel standards through AzEIP policies, contract requirements and other established mechanisms of communication.

DES/AzEIP collaborates with two Parent Information and Training Centers in the State to distribute information through newsletters that reach over 10,000 families through Arizona.

## **SUBPART E - PROCEDURAL SAFEGUARDS**

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS - General**

**AUTHORITY:**           34 CFR 303.400 - general responsibility of lead agency for procedural safeguards; 34 CFR 303.401 - definitions of consent, native language, and personally identifiable information

DES/AzEIP is responsible for ensuring the effective implementation, by each of the AzEIP participating agencies and their contractors involved in the provision of early intervention services, of the safeguards to which each child eligible for AzEIP services and her/his family is entitled.

The following definitions will be applied when used in the sections under Procedural Safeguards:

CONSENT means permission from the family. It ensures that:

- the family has been fully informed of all information relevant to the activity for which consent is sought, in the family's native language or mode of communication;
- the family understands and agrees in writing to the activity for which consent is sought. The written, signed agreement describes that activity and a list of records (if any) to be released and to whom; and
- the family understands that consent is voluntary and they may revoke it at any time.

NATIVE LANGUAGE means, for persons with limited English proficiency:

- the language or mode of communication normally used by the family.

PERSONALLY IDENTIFIABLE means information that includes:

- name of the child, parent or other family member;
- address of the child;
- a personal identifier, such as a social security number; or
- a list of personal characteristics or other information that would make it possible to identify the child with reasonable certainty.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:**           34 CFR 303.402 - opportunity to examine records;  
Confidentiality of Information: 34 CFR 300.560 - definitions; 34 CFR 300.561 - notice to parents; 34 CFR 300.562 - access rights; 34 CFR 300.563 - record of access; 34 CFR 300.564 - records on more than one child; 34 CFR 300.565 - list of types and locations of information; 34 CFR 300.566 - fees; 34 CFR 300.567 - amendment of records at parent's request; 34 CFR 300.568 - opportunity for a hearing; 34 CFR 300.569 - result of hearing; 34 CFR 300.570 - hearing procedures; 34 CFR 300.571 - consent; 34 CFR 300.572 - safeguards; 34 CFR 300.573 - destruction of information; 34 CFR 300.574 - children's rights; 34 CFR 300.575 - enforcement; 34 CFR 300.576 - disciplinary information;  
Family Educational Rights and Privacy Act (FERPA): 34 CFR 99

DES/AzEIP is responsible for ensuring that every parent of children eligible for AzEIP is given the opportunity to examine, inspect and review the records of their child and family.

### **Review and Inspection of Records**

Every parent of a child eligible for AzEIP has the right to examine, inspect and review the records of their child and family related to:

- assessments and evaluations;
- eligibility determinations;
- development and implementation of IFSPs;
- individual complaints dealing with the child; and
- any other area under IDEA, Part C involving records about the child or the child's family.

DES/AzEIP, each AzEIP participating agency, and each program under contract to DES/AzEIP or an AzEIP participating agency shall comply with a parent's request to examine, inspect, and review the records of her/his child and family:

- without unnecessary delay;
- before any meeting regarding an IFSP;
- before any hearing relating to the identification/eligibility determination or placement of the child.

DES/AzEIP, each AzEIP participating agency, and each agency under contract with DES/AzEIP or an AzEIP participating agency shall comply with a parent's request to examine, inspect, and review the records of her/his child and family within no more than 45 days of that request. The parent has the right to have a representative inspect and review the records. If any record includes information on more than one child, the parents of those children have the right to inspect and review only the information relating to their child or family.

The parent has the right to copies of her/his child's and family's records if this is the only way the parent is able to inspect and review the records. DES/AzEIP, each AzEIP participating agency, and each agency under contract to DES/AzEIP or an AzEIP participating agency may charge a nominal fee for copies of records that are made for families only if the fee does not affect the parent's ability to inspect and review those records. DES/AzEIP, each AzEIP participating



agency, and each agency under contract to DES/AzEIP or an AzEIP participating agency may not charge a fee to search for or to retrieve information.

When a parent makes a request to examine, inspect, and review the records of her/his child and family the following steps will be taken:

- d. The parent will be provided with written instructions on her/his rights and how to access the records, and made sure that the parent understands these instructions.
- e. A date and time, that is convenient to the parent, will be set up to inspect and review the records.
- f. A date, time, and place, that is convenient to the parent, will be set up to explain the purpose for which the information in the records shall be used and to provide explanations and interpretations of the records. This may be done:
  - at the same time the parent is inspecting and reviewing the records;
  - immediately following the parent's inspection and review of the records; or
  - at a later date and time.

### **Corrections to Records**

A family may request DES/AzEIP, an AzEIP participating agency, or an agency under contract to DES/AzEIP or an AzEIP participating agency to make corrections to information in their child's records which they believe is inaccurate, misleading, or violates the privacy or other rights of the child or family. DES/AzEIP, the AzEIP participating agency, or the agency under contract to DES/AzEIP or an AzEIP participating agency shall decide, within a reasonable amount of time, but no later than 45 days, whether or not to make the requested corrections to the information in the child's records.

If DES/AzEIP, the AzEIP participating agency, or the agency under contract to DES/AzEIP or an AzEIP participating agency decides to refuse to make the requested corrections to the information in the child's records, it shall inform the parent in writing and advise her/him of her/his options for resolution, including a hearing. If such a hearing is held, the decision must be based solely on the evidence presented at the hearing, and must include a summary of the evidence and the reasons for the decision.

If the hearing decision is that the information in the child's record is inaccurate, misleading, or violates the privacy or other rights of the child or family, then the information in the child's record shall be corrected accordingly and the parent shall be informed in writing. If the hearing decision is that the information in the child's record is not inaccurate, misleading, or violates the privacy or other rights of the child or family the parent shall be informed of her/his right to place a statement in her/his child's records commenting on the information or explaining her/his reasons for disagreeing with the hearing decision.

The parent's statement shall be placed in her/his child's records and maintained as a permanent part of those records. If the records of the child or the contested portion is disclosed by the agency to any party, the parent's statement must also be disclosed to the party.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:               34 CFR 303.403 - prior notice**

DES/AzEIP is responsible for ensuring that families have the opportunity to participate in the planning and implementation of early intervention services. When an AzEIP participating agency, or an agency under contract to DES/AzEIP or an AzEIP participating agency becomes aware of a need to determine or review eligibility, or the child's needs for services, the family shall have the opportunity to participate in the determination or review.

The family of a child eligible for AzEIP must be given written notice within a reasonable amount of time before a service provider proposes, or refuses, to initiate or change the:

- evaluation;
- identification/eligibility determination for AzEIP;
- placement of the child; or
- provision of appropriate early intervention services to the child and family.

The notice shall be written in language understandable to the general public and provided in the native language of the family or the mode of communication used by the family, unless it is clearly not feasible to do so. If the parent is deaf or blind, or has no written language, the mode of communication must be that normally used by the parent (such as sign language, Braille, or oral communication). If the native language or other mode of communication is not a written language, DES/AzEIP, the AzEIP participating agency, an agency under contract to DES/AzEIP or an AzEIP participating agency shall take steps to ensure that:

- the notice will be translated orally or by other means to the parent in the parent's native language or other mode of communication;
- the parent understands the notice; and
- there is written evidence that these requirements have been met.

The notice shall be in enough detail to ensure parents understand:

- the action being proposed or refused;
- the reasons for taking the action; and
- all procedural safeguards that are available under IDEA, Part C , §§ 303.401-303.460
- the State's complaint procedures under §§303.510-512, including a description of how to file a complaint and the timelines under those procedures.

The notice shall include a statement letting parents know that they may agree or disagree with any or all suggested actions, including a description of how to file a complaint and the timelines under those procedures.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General**

**AUTHORITY:**           34 CFR 303.404 - parent consent; 34 CFR 303.405 - parent right to decline service

DES/AzEIP is responsible for ensuring that families are fully informed of and have voluntarily approved the early intervention activities in which the child will participate.

Parental consent shall be obtained in writing before:

- conducting the initial eligibility evaluation and assessment of a child; and
- initiating the provision of early intervention services.

Families of children eligible for AzEIP may determine whether they will accept or decline any early intervention service, and may decline a service after first accepting it, without jeopardizing other early intervention services.

If consent is not given, reasonable efforts shall be made to ensure that the family:

- is fully aware of the nature of the evaluation and assessment or service that would be available; and
- understands that the child will not be able to receive the evaluation, assessment or services unless consent is given.

An AzEIP participating agency or an agency under contract with an AzEIP participating agency may initiate procedures to challenge a parent's refusal to consent to the initial evaluation of the parent's child and, if successful, obtain the evaluation.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS – General (2003)**

**AUTHORITY:               20 U.S.C. 1439, 34 C.F.R. 303.406 - surrogate parents; 34 C.F.R. 303.19**  
parent, guardian, and person acting in the place of a parent

The Individuals with Disabilities Education Act (IDEA) provisions dealing with early intervention (Part C) require that there be State procedures to protect the rights of the infant or toddler whenever the child's parent(s) cannot be identified, located, or the child is a ward of the State. If a parent or legal guardian cannot represent the child's interests under IDEA, a relative or stepparent with whom the child is residing/placed, or a qualified foster parent may act as a parent. If a parent, legal guardian, a relative or stepparent with whom the child is residing/placed, or a qualified foster parent cannot represent the child's interests under IDEA, a surrogate parent must be appointed. A surrogate parent may represent a child in all matters related to: the evaluation and assessment of the child; development and implementation of the child's Individual Family Service Plan (IFSP), including annual evaluations and periodic reviews; the ongoing provision of early intervention services to the child; and any other rights established under IDEA, Part C, such as procedural safeguards. Surrogate parents play a vital role to ensure the right to early intervention services under Part C is protected for all children with disabilities.

#### DEFINITION OF "PARENT"

34 C.F.R. 303.19 defines "parent" as:

- (1) A natural or adoptive parent of the child;
- (2) A legal guardian;
- (3) A person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or
- (4) A surrogate parent.

A foster parent may act as the parent of a child, and a surrogate parent is not required if:

- (1) The natural parent's rights have been terminated/severed,\* or the parent's rights to make educational decisions have been extinguished\* by a court; and
- (2) The foster parent:
  - (a) Has an ongoing, long-term parental relationship with the child;
  - (b) Is willing to make the decisions required of parents under Part C; and
  - (c) Does not have a conflict of interest with the interests of the child.

It is AzEIP's position that educational decisions on behalf of a child under IDEA, Part C are best made by individual(s) who know the child well, and have or will have an ongoing relationship with the child. Therefore, AzEIP asserts that it is in the best interest of the child to be represented by the following in priority order:

5. A parent or legal guardian, if appropriate;
6. A relative or stepparent with whom the child is living, if appropriate;
7. A long-term foster parent who is willing and qualified as defined under IDEA, Part C; or
8. A surrogate.

Furthermore, the appointment of a surrogate parent to represent the child's educational interests does not preclude the natural or adoptive parent from participating in the early intervention process.

## SURROGATE PARENT DESIGNATION

At court hearings regarding each child who is under three years of age and a ward of the State, the assigned assistant attorney general will consider, and if the facts support it, request that the court consider if the child has (1) a natural or adoptive parent, or a legal guardian; or (2) a relative or stepparent with whom the child lives who can make educational decisions on behalf of the child. In the event that the Court determines that a parent or legal guardian cannot be identified or, after reasonable efforts, cannot be found, and a child does not have a relative with whom the child lives, the Court will determine that, if at any point while in the care of the State, the child is suspected of having a developmental delay or disability, the child's team (i.e., CPS case manager or the designated DDD support coordinator acting in lieu of CPS, and, when appropriate, assigned assistant attorney general, the foster parent or out-of-home caregiver, and AzEIP personnel) shall identify a surrogate parent to represent the child's educational interests. If the Court is not available to make a determination in a manner that enables early intervention to proceed within required timelines, the team shall determine the need for and identify a surrogate parent. The team's decisions shall be presented to the Court for consideration as soon as possible. The team should consider the child's Court Appointed Special Advocate (CASA), foster parent, guardian ad litem, and/or relatives with whom the child is not living as potential surrogate parents.

## SURROGATE PARENT QUALIFICATIONS

An individual is qualified to be a surrogate parent if the individual is an Arizona resident, over 18 years old, and does not have interests that conflict with the interests of the child. Additionally, individuals must have fingerprint clearance and complete training for surrogate parents.

## CONFLICT OF INTEREST

As noted above, the surrogate parent must not have any interest that conflicts with the interests of the child. This means the potential surrogate parent cannot benefit personally or professionally from decisions regarding the child. Thus, a surrogate parent may not be a State employee or a contractor with DES/AzEIP or any of the AzEIP participating agencies involved in providing early intervention services to the child or any family member.

## SURROGATE PARENT RESPONSIBILITIES

The surrogate parent is responsible for acting on behalf of the child to make sure all the child's rights to early intervention services under Part C are protected. The surrogate parent, therefore, has the authority to:

- (1) Give written consent to assessments and evaluations of the child under Part C;
- (2) Participate as the parent in IFSP meetings;
- (3) Give written consent for the child to receive early intervention services;
- (4) Give written consent for the release and request for records and sharing confidential information;
- (5) Pursue dispute resolution procedures including mediation, complaints, and/or due process hearings on behalf of the child; and

(6) Seek qualified legal assistance, when necessary, to protect the child's rights.

#### LIMITATIONS ON THE RESPONSIBILITIES OF A SURROGATE PARENT

Surrogate parents are specifically appointed to protect the rights of children under IDEA, Part C. Surrogate parents are not responsible for the care, maintenance, or financial support of the child. Surrogate parents do not have legal authority to act on behalf of the child outside of the Part C process.

#### SURROGATE PARENT TENURE

Generally, a surrogate parent may continue to serve so long as the child still needs a surrogate parent, the surrogate parent remains qualified, and the surrogate parent is still willing to serve. If a child, at age three, moves from receiving services under Part C to receiving a Free and Appropriate Public Education (FAPE) under Part B, and the surrogate parent wants to continue representing the child, the surrogate parent should notify the school district of his or her interest. The surrogate parent may have to meet specific requirements under Part B and State law pertaining to qualifications and tenure.

If a surrogate parent wishes to stop serving as a surrogate parent, the surrogate parent should notify the child's Child Protective Services case manager or the designated DDD support coordinator acting in lieu of CPS, in writing at least 30 days before terminating services as the surrogate parent.

#### CONFIDENTIALITY

The surrogate parent is responsible to keep confidential any information the surrogate parent gathers from the child's records or the child's service providers. That information should be used to obtain services for the child and should not be shared by the surrogate outside of that context.

### NOTES

#### \*STATUS OF PARENTAL RIGHTS

If parental rights have been severed or terminated, the parent(s) do not retain any parental rights, including rights to make educational decisions. Parental rights are typically only severed or terminated if reasonable efforts to reunify the child and parent have been unsuccessful; the child will then be free to be adopted.

If parental rights to make educational decisions under IDEA are extinguished, the parent(s) may retain other parental rights, but the courts have determined that another adult should make educational decisions under IDEA, Part C on behalf of the child. Extinguishing parental rights to make educational decisions may be temporary.

If parental rights have been terminated or severed, it is not necessary for the court to determine if parental rights to make educational decisions should be extinguished.

In order for a foster parent to act as a child's parent for early intervention purposes, the parent's rights must be severed or terminated or the parent's rights to make educational decisions must be extinguished by a court.

In order for a surrogate parent to be appointed, it is not necessary for parental rights to be severed or terminated, or for parental rights to make educational decisions to be extinguished.

**SUBJECT:                   SUBPART E - PROCEDURAL SAFEGUARDS - Mediation and Due Process Procedures for Parents and Children**

**AUTHORITY:**           34 CFR 303.419 - mediation; 34 CFR 303.420 - due process procedures; 34 CFR 303.421 - appointment of an impartial person; 34 CFR 303.422 - parent rights in an administrative hearing; 34 CFR 303.423 - convenience of proceedings; timelines; 34 CFR 303.424 - civil action; 34 CFR 303.425 - status of a child during proceedings

DES/AzEIP is responsible for ensuring that procedures for the resolution of disputes are in keeping with the child's best interests and family's priorities.

Families shall be informed of all their options for dispute resolution, including the option of requesting a hearing, and shall be encouraged to seek informal resolution or mediation to resolve differences. Interim Service Coordinators and Service Coordinators are responsible for ensuring that families understand these procedures. If appropriate, they may help families file formal complaints.

Families will be informed that they may file formal complaints and use the informal complaint resolution process at the same time.

DES/AzEIP ensures that procedures of AzEIP participating agencies, which have their own process for dispute resolution, are consistent with the rules and regulations of 34 CFR 303.419-425 and DES/AzEIP policies. When a participating agency uses its own process for dispute resolution, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the child who is the subject of the dispute is also eligible for another Federal or State program, which has its own dispute resolution process, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to implement AzEIP according to IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to facilitate the dispute resolution process according to IDEA, Part C.

### **Mediation**

Mediation is a **voluntary** dispute resolution **alternative** to the formal due process hearing and may only be used when both parties to the dispute agree to do so. Mediation can **never** be used as a **mandatory** preliminary step prior to any other administrative or legal recourse.

Mediation may not be used to deny or delay a family's implementation of their rights under IDEA, Part C. Discussions that occur during mediation are confidential and may not be used as evidence

in any subsequent hearing procedure or civil proceeding. Parties to mediation may be required to sign a confidentiality pledge before beginning the mediation.

Steps in initiating the mediation process:

- d. A family member or agency may make a request, in writing, to the appropriate participating agency representative or to the Executive Director of DES/AzEIP.
- e. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, obtains written agreement to the mediation process by all other parties to the dispute.
- f. Once agreement is obtained, the appropriate AzEIP participating agency representative or the Executive Director of DES/AzEIP or designee, will appoint a qualified, impartial mediator who is trained in effective mediation techniques. DES/AzEIP keeps a list of qualified mediators who are knowledgeable in laws and regulations related to all aspects of early intervention services.

The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall ensure that each session be scheduled in a timely manner and in a location convenient to all parties involved in the dispute. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall ensure that agreements reached by all parties through mediation will be recorded in a written mediation agreement.

An AzEIP participating agency may follow its own mediation process as long as it is consistent with the rules and regulations of 4 CFR 303.419 and DES/AzEIP policies. When an AzEIP participating agency uses its own process for mediation, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the AzEIP participating agency does not have its own procedures for mediation, or requires DES/AzEIP to facilitate the mediation process for any reason, then the participating agency must inform DES/AzEIP within 24 hours of receiving the request.

If the child who is the subject of the mediation is also eligible for another Federal or State program, which has its own mediation process, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to facilitate the mediation process according to IDEA, Part C.

The AzEIP participating agency or DES/AzEIP will bear the cost of the mediation process.

### **Due Process Hearing**

An AzEIP participating agency may follow its own due process hearing procedure as long as it is consistent with the rules and regulations of 34 CFR 303.419-425 and DES/AzEIP policies. When an AzEIP participating agency uses its own process for a due process hearing, that agency must inform the Executive Director of DES/AzEIP **within two days** of receiving the complaint. The agency must then keep DES/AzEIP apprised of the progress of the dispute.

If the AzEIP participating agency does not have its own procedures for due process hearings, or requires DES/AzEIP to facilitate the due process hearing for any reason, then the participating agency must inform DES/AzEIP within 24 hours of receiving the request.



If the child who is the subject of the hearing is also eligible for another Federal or State program, which has its own due process hearing procedures, DES/AzEIP and the other administrative entity will collaborate to determine jurisdiction based on the nature of the complaint. For all complaints alleging failure to comply with IDEA, Part C, DES/AzEIP will facilitate or designate an AzEIP participating agency to arrange the due process hearing according to IDEA, Part C.

All due process hearings must be carried out at a time and place that is reasonably convenient to the family.

A family member or an agency may initiate a hearing on any matters related to the participating agency's or provider's proposal or refusal to initiate or change the:

- identification of the child;
- evaluation of the child;
- placement of the child; or
- provision of early intervention services to the child and family

In any administrative proceeding the family has a right to:

- be accompanied and advised by an attorney and/or individual(s) with special knowledge or training with respect to early intervention services for eligible children;
- present evidence, and confront, cross-examine, and call for the attendance of witnesses;
- prohibit the introduction of any evidence at the proceeding that the family has not been shown or given at least five days before the proceeding; and
- obtain written findings of fact and decision and, upon request, a written or electronic, verbatim transcription of the proceeding.

Steps in initiating a due process hearing:

- c. A family member or agency must file a written request with the appropriate participating agency representative or with the Executive Director of DES/AzEIP.
- d. The appropriate AzEIP participating agency representative, or the Executive Director of DES/AzEIP or a designee, shall appoint a trained, impartial hearing officer.

The hearing officer shall:

- have knowledge about the provisions of IDEA, Part C and the needs of, and services available for, eligible children and their families;
- not be employed by the agency providing early intervention services to the child and family, except when a person who otherwise qualifies to conduct the hearing is paid by the agency solely to serve as a hearing officer; and
- not have a personal or professional interest that would conflict with his or her objectivity in implementing the process.

The hearing officer shall:

- listen to the presentation of relevant viewpoints about the dispute
- examine all information relevant to the issues;
- seek a timely resolution; and
- provide a record of the proceedings including a written decision.

The due process hearing procedure must be completed and a written decision mailed to each of the parties **within 30 days** after the appropriate AzEIP participating agency or DES/AzEIP has received

the request. Unless agreed upon by the family and the agency, there shall be no change made in the services received by the child prior to a final order by a Hearing Officer.

The decision made in a hearing is final.

### **Civil Action**

Any party dissatisfied by the findings and decision in a hearing has the right to bring a civil action in State or Federal court.

### **Status of a Child during Mediation, Due Process Hearing, or Civil Action**

During the pendency of mediation, a due process hearing, or civil action, unless DES/AzEIP or the AzEIP participating agency and the family of a child otherwise agree, the child must continue to receive the appropriate early intervention services currently being provided. If the complaint involves an application for initial services, the child must receive those services that are not in dispute.

## **SUBPART F - STATE ADMINISTRATION**

**SUBJECT:                      SUBPART F - STATE ADMINISTRATION - General**

**AUTHORITY:**                34 CFR 303.500 - lead agency establishment or designation; 34 CFR  
303.501 - supervision and monitoring of programs

The Governor of Arizona has designated the Department of Economic Security (DES) as the Lead Agency for the State's Part C system to be responsible for the administration of that system. The Director of DES has created within the Department the office of the Arizona Early Intervention Program (DES/AzEIP) to carry out the functions and activities of administering the system. The Executive Director of DES/AzEIP is responsible for managing, supervising and monitoring the following functions and activities:

- monitoring AzEIP participating agencies, institutions, and organizations used by the State to fulfill its obligations under Part C of IDEA and its regulations;
- enforcing obligations imposed on those agencies, institutions, and organizations under Part C of IDEA and its regulations;
- providing technical assistance as necessary to those agencies, institutions, and organizations; and
- correcting deficiencies that are identified through monitoring activities.

#### **Interagency Planning and Implementation**

The State interagency team includes representation from each of the AzEIP participating agencies. The State interagency team meets regularly to engage in planning, implementation, evaluation and modification of all aspects of AzEIP. Facilitated by DES/AzEIP, the State interagency team identifies and resolves system coordination issues identified by the monitoring and evaluation system, which gathers information from families, agency personnel and contractors, management teams, the medical, education and child care community, and other sources of information.

The State interagency team reviews and addresses issues including, but not limited to:

- Eligibility
- Central Directory
- Public Awareness
- Child Find
- Assessment & Evaluation
- Comprehensive System for Personnel Development & Personnel Standards
- Program Standards
- IFSP
- Service Coordination
- Service provision in natural environments
- Monitoring and evaluation
- Procedural Safeguards and confidentiality
- Data collection
- Procurement of services

The State interagency team assists DES/AzEIP in presenting to the ICC proposed legislation, policy or procedural changes, or any actions that impact AzEIP.

The State interagency team reviews and evaluates all ICC recommendations to DES/AzEIP to assess feasibility, determine strategies and coordinate resources for implementation.

Each AzEIP participating agency ensures that AzEIP policies and procedures are incorporated into agency policies and procedures. Agencies monitor employee and contractor adherence to policies and procedures and report findings and corrective actions to DES/AzEIP.

DES/AzEIP personnel provide technical assistance and independent review to support consistent and constructive monitoring across agencies.

DES/AzEIP addresses specific agency, contract and/or employee performance with appropriate agency or contractor individually. The two entities determine a mutually acceptable corrective action, including timelines, resources and responsible parties. In the event that the two entities cannot agree on corrective actions, DES/AzEIP will establish steps to ensure conformity to AzEIP policies and procedures and the process for monitoring change.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Lead Agency  
Procedures for Resolving Complaints**

**AUTHORITY:**           34 CFR 303.510 - adopting complaint procedures; 34 CFR 303.511 - an organization or individual may file a complaint; 34 CFR 303.512 - minimum state complaint procedures

DES/AzEIP is responsible for ensuring that any individual or organization may file a written, signed complaint with DES/AzEIP alleging any violation of the requirements and regulations of IDEA, Part C.

Families shall be given, in writing, information describing the procedures to resolve disputes. Families will be informed that they may file a formal complaint and use the informal complaint resolution process at the same time. Interim Service Coordinators and Service Coordinators are responsible for ensuring that families understand these procedures. If appropriate, they may help families file a formal complaint.

Information on the procedures to resolve disputes will be disseminated to:

- the participating agencies, and the agencies under contract to DES/AzEIP or a participating agency;
- family training, protection, and advocacy centers; and
- other appropriate individuals, agencies, institutions, and organizations.

Complaints alleging a failure by, a participating agency, or agency under contract to DES/AzEIP or a participating agency, to implement a due process hearing decision must be resolved by DES/AzEIP.

Steps in initiating a complaint:

- e. Any individual or organization must send a written, signed complaint to the Executive Director of DES/AzEIP which includes:
  - a statement that the State has violated a requirement or regulation of IDEA, Part C; and
  - the facts of the situation.
- f. The Executive Director or designee will review the complaint to determine its validity for follow-up. A complaint will be judged valid if:
  - the alleged violation occurred not more than 1 year before the date the complaint was received; unless -
  - the alleged violation continues for the child or other children; or
  - the complainant is requesting reimbursement or corrective action for a violation that occurred not more than 3 years before the complaint was received.
- g. The Executive Director or designee will review all relevant information and will:
  - conduct an independent on-site investigation, if necessary; and
  - give the complainant the opportunity to submit additional information, either orally or in writing, about the allegations in the complaint.
- h. The Executive Director or designee will make an independent determination as to whether the agency is violating a requirement or regulation of IDEA, Part C.

The Executive Director of DES/AzEIP will send a written decision to all parties. The decision shall address each allegation in the complaint and include:

- findings of fact and conclusions; and
- the reasons for the final decision.

When necessary DES/AzEIP's decision will also include procedures for technical assistance, negotiation, and corrective action plans for bringing an agency into compliance.

In resolving a complaint in which it finds a failure to provide appropriate services, DES/AzEIP, pursuant to its general supervisory authority under Part C of the Act, will address:

- how it will remediate the denial of those services, including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and
- appropriate future provision of services for all infant and toddlers with disabilities and their families.

All investigations and resolutions must be completed within 60 days of original receipt of the complaint. An extension may be granted in extraordinary cases only, where the nature or severity of allegations warrants further investigation.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, DES/AzEIP will set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60-calendar day timeline using the procedure described above.

If an issue is raised in a complaint that has previously been decided in a due process hearing involving the same parties:

- the hearing decision is binding; and
- DES/AzEIP must inform the complainant to that effect.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION – Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.520 – policies related to payment for services; 34 CFR 303.521 – fees; 34 CFR 303.522 – identification and coordination of resources.

Each agency participating in AzEIP will utilize its current eligibility criteria for services to determine financial responsibility for children who are AzEIP eligible. If a child is eligible for a participating agency and AzEIP, the participating agency is financially responsible for providing the child and family with early intervention services, in accordance with AzEIP procedures and program requirements and Part C requirements. See following for implementation details.

### **Funding Policies**

DES/AzEIP assures the following:

- DES/AzEIP is responsible for establishing state policies related to payment for services to children who are AzEIP eligible and their families through interagency agreements as required under Part C.
- Fees will not be charged for services that a child is otherwise required to receive at no cost to the family.
- Fees will not be charged for the following services:
  - child find
  - evaluation and assessment
  - service coordination
  - administrative and coordination activities:
    - development, review and evaluation of IFSPs
    - procedural safeguards
- Inability of a family of a child who is AzEIP eligible to pay for services will not result in denial of services to the child or family.
- The following early intervention services, as defined in Part C of IDEA, may be subject to a system of payment under a sliding fee schedule:
  - speech-language pathology
  - occupational therapy
  - physical therapy
  - health services necessary to enable the infant or toddler to benefit from the other early intervention services
  - audiologic services
  - vision services
  - nursing services
  - nutritional services
  - family training, counseling and home visits
  - family support services
  - psychological services



- medical services only for diagnostic or evaluation purposes
- transportation and related costs
- social work services
- special instruction
- assistive technology devices and assistive technology services

The above list is not intended to be comprehensive. There may be other services that are subject to a system of payments. Fees will not be charged for services that a child is otherwise entitled to receive.

The Arizona Department of Economic Security (DES), as lead agency under IDEA, Part C, has not adopted a system of payments for early intervention services; however, the Division of Developmental Disabilities (DDD) within DES has a statutory directive requiring DDD to develop and implement a sliding fee scale for services. DDD implemented a sliding fee scale for adults using residential services. DES/DDD has not implemented a sliding fee scale that affects early intervention services.

The Arizona Department of Health Services (ADHS) has a policy on family contribution to service delivery, and accordingly, the ADHS, Office of Children with Special Health Care Needs (OCSHCN) has implemented sliding fee procedures. ADHS/OCSHCN policies stipulate that child find, evaluation and assessment, service coordination, administrative and coordinative activities related to (a) the development, review and evaluation of IFSPs and (b) procedural safeguards are provided at no expense to families and; therefore, are not subject to a system of payments. The following Part C services provided through ADHS/OCSHCN are subject to sliding fee scale procedures:

- speech-language pathology
- occupational therapy
- physical therapy
- health services necessary to enable the infant or toddler to benefit from the other early intervention services
- audiologic services
- vision services
- nursing services
- nutritional services
- family training, counseling and home visits
- family support services
- psychological services
- medical services only for diagnostic or evaluation purposes
- transportation and related costs
- social work services not related to service coordination
- special instruction
- assistive technology devices and assistive technology services

#### BASIS AND AMOUNTS OF PAYMENT

ADHS/OCSHCN developed a sliding fee schedule based on the Federal Poverty Register Guidelines and ADHS Children's Rehabilitative Services fee schedule. The sliding fee scale indicates the family's share of cost relative to their gross income. Five share-of-cost categories are identified and are based on the number of family members and family gross income. Please

see Appendix D for the ADHS/OCSHCN Sliding Fee Scale, which indicates amounts. Payment by families is made directly to the provider of service. OCSHCN pays the remaining portion of the cost of service. Inability of a family, of a child who is AzEIP eligible, to pay for services will not result in denial of services to the child and family.

No child will be denied or have services delayed due to disputes between agencies regarding financial or other responsibilities.

DES/AzEIP does not treat proceeds from public or private insurance as program income.

#### Identification and Coordination of Services

DES/AzEIP assures it shall:

- Identify and coordinate available resources for early intervention services within the State of Arizona including those from Federal, State, local and private resources.
- Update the information on funding sources for early intervention services resulting from changes in administrative rules or legislation.
- Monitor federal funding sources, including:
  - Title V of the Social Security Act (Maternal & Child Health);
  - Title XIX of the Social Security Act (Medicaid/AHCCCS & EPSDT);
  - The Head Start Act;
  - Parts B and C of IDEA;
  - The Developmentally Disabled Assistance and Bill of Rights Act (P.L. 94-103); and
  - Other federal programs.
- Develop a process for gathering information on the identification and coordination of resources for early intervention services. The process will include determination of the number of infants and toddlers eligible for AzEIP and receiving services and the amount, duration and scope of the services.

No medical or other assistance available will be reduced or eligibility altered under Title V or Title XIX of the Social Security Act.

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.523 - interagency agreements; 34 CFR 303.524 - resolution of disputes; 34 CFR 303.525 - delivery of services in a timely manner

DES/AzEIP is responsible for ensuring that interagency agreements are maintained between and among the State agencies involved in AzEIP (Appendix E). These agencies include:

- Arizona Department of Economic Security (DES)
- Arizona State Schools for the Deaf and Blind (ASDB)
- Arizona Department of Health Services (ADHS)
- Arizona Department of Education (ADE)
- Arizona Health Care Cost Containment System (AHCCCS)

Each interagency agreement must:

- ensure effective cooperation and coordination between and among all agencies involved in AzEIP;
- define the financial responsibility for the early intervention services delineated in each agreement; and
- include all procedures for resolving intra-agency and interagency disputes.

Procedures for resolving disputes must allow participating agencies to resolve their own internal disputes in a timely manner. If a participating agency is unable to resolve its own internal dispute within 15 days then it must submit a written request to the Executive Director of DES/AzEIP. The Executive Director of DES/AzEIP or designee will review all the relevant information in the dispute by:

- conducting an independent on-site investigation, if necessary; and
- giving all parties involved in the dispute the opportunity to submit additional information, either orally or in writing.

The Executive Director of DES/AzEIP or designee will make an independent determination as to the resolution within 30 days of the receipt of the request and send the written decision to all parties. Decisions in intra-agency and interagency disputes are binding. If necessary, to ensure compliance with its actions and findings in the resolution of a dispute, DES/AzEIP will refer the dispute to the Office of the Governor.

During a dispute, DES/AzEIP is responsible for assigning financial responsibility to the appropriate agency, dependent upon the facts and nature of the situation. If, during the course of the resolution of the dispute, it is determined that the assignment of financial responsibility was inappropriately made, then DES/AzEIP shall reassign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency originally assigned financial responsibility.

DES/AzEIP shall make arrangements to ensure that services are provided to children who are AzEIP eligible and their families in a timely manner, pending the resolution of disputes between and among agencies by assigning financial responsibility to a participating agency, subject to the provisions of the interagency agreement or paying for the delivered services as the “payor of last resort.”

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION – Policies and Procedures Related to Financial Matters**

**AUTHORITY:**           34 CFR 303.526 – policy for contracting or otherwise arranging for services; 34 CFR 303.527 – payor of last resort; 34 CFR 303.528 – reimbursement procedure

In accordance with Chapter 23 of the Arizona Revised Statutes (State of Arizona's Procurement Code), the mechanisms and processes used by all agencies participating in Arizona's Early Intervention Program, including DES/AzEIP, utilizing Part C funds, with the exception of Arizona Health Care Cost Containment System (AHCCCS), for contracting or otherwise arranging for early intervention services, shall be as follows:

- Request for Quotations (RFQ)

This method is used for procurements up to \$35,000. Vendors solicited shall be limited to small businesses but must include a solicitation to minorities, women and or individuals with disabilities owned business. An RFQ shall be issued to a reasonable number of vendors.

- Invitation for Bids (IFB)

An IFB is issued when a purchase is estimated to cost over \$35,000 and the needed services are very specific and well defined. There are no discussions with bidders prior to contract award under an IFB. The contract must be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and criteria set forth in the IFB.

- Request for Proposals (RFP)

This method is used for purchases exceeding \$35,000. This method will be used when an Invitation for Bids is determined by the State Purchasing Administrator as either not practicable or not advantageous to the State. Proposals are opened publicly at the time and place designated in the RFP. The proposals are opened for public inspection after contract award. The RFP method presents the potential offeror with a statement of need and asks the offeror to suggest the methods of approach by which the need can be accommodated or fulfilled. The proposal may be discussed with the offeror, who may modify it and submit a Best and Final Offer.

- Intergovernmental Agreement (IGA)

Any public procurement unit may participate in, sponsor, conduct or administer a cooperative purchasing agreement for the procurement of any materials, services, or construction with one or more public procurement units in accordance with an agreement entered into between the participants. A nonprofit educational or public health institution may enter into an agreement pursuant to this section if one or more parties involved are a public procurement unit. If procurement involves the expenditure of federal assistance or contract moneys, the Director of DES shall comply with federal law and authorized regulations, which are mandatory applicable and which are not presently reflected in Chapter 23.

- Interagency Service Agreement (ISA)

ISAs are entered into between state budget units to provide reimbursement or advance of funds for services to be performed. These agreements usually follow a simple format that is briefer than most DES contracts. There are no requirements for attorney general review or filing with the Secretary of State.

Each department shall be entitled during the term of the contract to monitor the performance of the consultant under the contract in order to verify compliance with its terms and conditions. Each department shall also assess the quality of contract services and consultant progress in achieving the goals and objectives.

### **AHCCCS**

AHCCCS shall follow Title 9, Chapter 22, Article 6, Rule 9-22-601 through 605 of the Arizona Administrative Code for contracting for early intervention services (hospitalization and medical care services).

### **Children's Rehabilitative Services**

CRS shall follow Section 36-261.01, Arizona Revised Statutes (ARS), and Title 36, Chapter 2, Article 3, ARS, in contracting for the care and treatment of chronically ill or physically disabled children.

### **Additional Contract Requirements** (Not Part of Chapter 23 or Article 6, Rule 9-22-601)

In addition, the contractor (governmental agencies and private providers) shall provide contracted early intervention services to infants and toddlers who are AzEIP eligible and their families and to the agency in accordance with all terms and conditions of the contract, including the goals and objectives. All early intervention services shall meet state standards and be consistent with AzEIP requirements.

Each agency, in coordinating its efforts, shall maintain its autonomy in contracting, as governed by Arizona statute.

### **Payor of Last Resort**

DES/AzEIP assures the following:

- Funds provided under IDEA will not be used for payment of services that would have been paid for by another public or private source, including any medical program administered by the Secretary of Defense but for the enactment of this part;
- Funds under IDEA, Part C will only be used for intervention services that an eligible child needs but is not currently entitled to under other Federal, State, local, or private source; and
- If necessary to prevent delay in receipt of appropriate early intervention services, in a timely manner to an eligible child or child's family, IDEA, Part C funds may be used to pay the provider of services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment. These payments may be made for:
  - early intervention services (as defined in §303.12);

- eligible health services (as defined in §303.13). These do not include medical services or "well-baby" health care); and
- other functions and services authorized under Part C, including child and evaluation and assessment.

Timely reimbursement is ensured by State statute, which requires that an invoice be paid within 30 days of receipt. The responsible agency, upon receipt of an invoice, will prepare a payment voucher and forward that voucher with a copy of the Interagency Agreement to the agency's accounts payable unit

**SUBJECT:                   SUBPART F - STATE ADMINISTRATION - Reporting Requirements**

**AUTHORITY:             34 CFR 303.540 - data collection**

Each participating agency collects information on their activities on behalf of the children who are AzEIP eligible in their own systems. Each participating agency provides the data to DES/AzEIP annually. This data is provided in the form of text files or Microsoft Access Database files and then consolidated to produce the Part C Reporting Requirements. DES/AzEIP does not use sampling to provide Part C Reports.

DES/AzEIP reports annually to the Secretary as required.

**SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL**



**SUBJECT:                   SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL - General**

**AUTHORITY:**           34 CFR 303.600 - establishment of council; 34 CFR 303.601 -  
composition; 34 CFR 303.602 - use of funds by the council; 34 CFR  
303.603 - meetings

Under provisions of the Governor's order, the ICC has been appointed as required by federal law to include parents, providers, a member of the Legislature, a personnel preparation professional and others. The Governor has appointed a Chair and Vice Chair who are not representatives of DES/AzEIP or an AzEIP participating agency.

The membership of the Council consists of the following:

10. At least 20% of the members are parents, including minority parents, of infants or toddlers with disabilities or children with disabilities aged 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities. One parent member has a child with a disability under 6 years of age.
11. At least 20% of the members are public or private providers of early intervention services.
12. There is at least one member from each of the State agencies involved in the provision of or payment for early intervention services. These agencies include the Department of Economic Security/Division for Developmental Disabilities, the Department of Health Services, the Arizona State Schools for the Deaf and the Blind, and the Arizona Health Care Cost Containment System. The agencies' representatives have sufficient authority to engage in policy, planning, and implementation on behalf of their agencies.
13. At least one member is from the Arizona Department of Education, which is responsible for preschool services to children with disabilities. The ADE representative has sufficient authority to engage in policy, planning, and implementation on its behalf.
14. At least one member is from the State Legislature.
15. At least one member is involved in the preparation of personnel to work in early intervention.
16. At least one member is from the Arizona Department of Insurance, which is the State agency responsible for the governance of health insurance.
17. There is at least one representative from a Head Start agency or program in the State.
18. There is at least one member from the Department of Economic Security/Child Care Administration.

Council members are chosen to provide the widest possible geographic, racial and ethnic representation so that the needs of children throughout the State may be properly heard and addressed.

The Council has established four standing committees - Executive, Personnel Preparation, Evaluation and Monitoring, and Policy and Legislation. Ad hoc committees are formed as

needed to address specific issues, which do not fall under the purview of one of the standing committees.

Each Committee of the ICC will review proposed policy, procedures, materials and strategies within their areas of focus and make recommendations to the full Council. The Council will consider and deliberate (1) the proposed action by DES/AzEIP on behalf of AzEIP and (2) Committee recommendations before voting to forward specific recommendations to DES/AzEIP.

Members of the ICC may be reimbursed for reasonable and necessary expenses for attending Council meetings and performing Council duties. This includes reimbursement to family members for their time and travel. A member may also be compensated if that member is not employed or must forfeit wages from other employment when performing official ICC business. Otherwise, Council members serve without compensation from funds available under the Act.

Meetings are held every other month. Members are encouraged to attend and participate fully. Meeting announcements are publicized well in advance. All meetings are held in facilities that are open and accessible to members and the public. If necessary, interpretation for the deaf and other special services are provided for Council members and participants.

No member of the Council may cast a vote on any matter that would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest. A "Council Member Conflict of Interest Statement," for each member is on file in the DES/AzEIP office.

**SUBJECT:                   SUBPART G - STATE INTERAGENCY COORDINATING  
COUNCIL - Functions of the Council**

**AUTHORITY:**           34 CFR 303.650 - general; 34 CFR 303.651 - advising and assisting the lead agency in its administrative duties; 34 CFR 303.652 - applications; 34 CFR 303.653 - transitional services; 34 CFR 303.654 - annual report to the Secretary

The Arizona Interagency Coordinating Council shall:

6. advise and assist DES/AzEIP in the development and implementation of the policies that constitute the statewide system;
7. assist DES/AzEIP in achieving the full participation, coordination, and cooperation of all appropriate public agencies in Arizona;
8. assist DES/AzEIP in the effective implementation of the statewide system, by establishing a process that includes:
  - seeking information from service providers, service coordinators, parents, and others about any federal, state, or local policies that impede timely service delivery; and
  - taking steps to ensure that any identified policy problems are resolved;
9. to the extent appropriate, assist DES/AzEIP in the resolution of disputes and;
10. advise and assist DES/AzEIP and the Arizona Department of Education (ADE) regarding the transition of toddlers with disabilities to Part B services, preschool and other appropriate services.

The Council may:

1. advise and assist DES/AzEIP and the Arizona Department of Education (ADE) regarding the provision of appropriate services, for children aged birth to five, inclusive; and
2. advise appropriate agencies in Arizona, with respect to the integration of services for infants and toddlers with disabilities and infants and toddlers who are at-risk and their families, regardless of whether infants and toddlers who are at-risk are eligible for early intervention services in the State.

The Council shall advise and assist DES/AzEIP in the:

- identification of sources of fiscal and other support for services for early intervention programs;
- assignment of financial responsibility to the appropriate agency;
- promotion of the interagency agreements; and
- preparation of applications under IDEA, Part C and amendments to those applications.

Because the ICC is charged with advising and assisting DES/AzEIP in the development and implementation of a comprehensive, statewide system, the ICC will engage in review, deliberation, and recommendation of action that impacts AzEIP in its entirety, including policies and procedures of AzEIP participating agencies.

The Council shall prepare an annual report to the Governor and to the Secretary on the status of early intervention programs operated within Arizona, for children who are AzEIP eligible and their families and submit the report to the Secretary by a date the Secretary establishes. The annual report will contain the information required by the Secretary for the year for which the report is made.

**APPENDIX A**  
**PUBLIC COMMENT MATERIALS**

**APPENDIX B**

**INTERGOVERNMENTAL AGREEMENT – TRANSITION**

**APPENDIX C**

**ARIZONA STATE PROFESSIONAL  
LICENSING/CERTIFICATION STANDARDS**

## ARIZONA STATE PROFESSIONAL LICENSING/CERTIFICATION STANDARDS

For disciplines identified in CFR § 303.12e

PROFESSIONAL DISCIPLINE	ARIZONA STATE LICENSING CERTIFICATION AUTHORITY	LICENSING/CERTIFICATION ENTRY STANDARDS	CONTINUING EDUCATION REQUIREMENTS
AUDIOLOGISTS	Arizona Department of Health Services – Office of Hearing Aid Dispenser, Audiology, and Speech-Language Pathology Licensure (A.R.S. §36-1940)	<ul style="list-style-type: none"> <li>• Master's degree in audiology or equivalent</li> <li>• Completed a supervised clinical practicum in audiology</li> <li>• Completed an approved postgraduate professional experience in the field</li> <li>• Pass a nationally recognized speech-language and hearing examination as approved by the director</li> </ul>	8 hours of approved continuing education every 12 months
FAMILY THERAPISTS	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3311-3313	<ul style="list-style-type: none"> <li>• Earned Master's degree or higher in a behavior science from a college or university accredited by the Commission on Accreditation for Marriage and Family Therapy Education</li> <li>• Completed a supervised internship as part of the Master's degree or a minimum of 12 months after completion of the Master's degree</li> <li>• Receive a passing score on the Professional Examination Service's Licensing Examination for Marital and Family Therapy</li> <li>• Complete a minimum of 2 years of full-time or equivalent part-time professionally supervised work experience in the practice of Marriage and Family Therapy</li> </ul>	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3311-3313
NURSES	Arizona State Board of Nursing (A.R.S. § 32-1602 et.seq.)	<ul style="list-style-type: none"> <li>• Graduation for an approved program of nursing education</li> <li>• Passing the NCLEX or SBTPE examinations</li> </ul>	Approved Continuing Nursing Education required
OCCUPATIONAL THERAPISTS	Arizona board of Occupational Therapy	<ul style="list-style-type: none"> <li>• Successful completion of the academic requirements of an education program accredited by the</li> </ul>	20 clock-hours for renewal of a 2-year

	Examiners (A.R.S.§ 32-3401-3445)	<p>Accreditation Council for the Occupational Therapy Education established by the American Occupational Therapy Association, Inc.</p> <ul style="list-style-type: none"> <li>• Successful completion of a minimum of twenty-four weeks of supervised fieldwork experience</li> <li>• Passing the written examination approved and administered by the National Board for Certification in Occupational Therapy, Inc.</li> </ul>	license
ORIENTATION AND MOBILITY SPECIALISTS	Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)	<ul style="list-style-type: none"> <li>• Graduation from an Association for Education and Rehabilitation of the Blind and Visually Impaired (AER) approved university/college program</li> <li>• Passing national examination by Academy for Certification of Vision Rehabilitation and Education Professionals (ACVREP)</li> </ul>	Required professional activity points is dependent on the range of direct service hours as verified by the applicant's supervisor(s) and must be obtained over the previous five years.
PEDIATRICIANS AND OTHER PHYSICIANS	State Board of Medical Examiners	<ul style="list-style-type: none"> <li>• Meets all requirements for licensure and for taking the United States Medical Licensing Examination</li> <li>• Passing the U.S. Medical Licensing Examination</li> </ul>	20 credit hours of continuing medical education every year
PHYSICAL THERAPISTS	Board of Physical Therapy (A. R. S. § 32-2001-2052)	<ul style="list-style-type: none"> <li>• Graduate from a professional physical therapy education program accredited by a national accreditation agency approved by the board</li> <li>• Successfully passed the national examination approved by the board</li> </ul>	Continuing education required.
PSYCHOLOGISTS	State of Arizona Board of Psychologist Examiners (A.R.S. § 32-2063 – 2073)	<ul style="list-style-type: none"> <li>• Completion of a doctorate for a university, college department, school or institute that has as intent to educate and train psychologists as determined by the board</li> <li>• Two professional references from individuals who are either Arizona licensed psychologists, or members in good standing of the American Psychological Association or American</li> </ul>	60 hours completed each two-year renewal period



		Psychological Society <ul style="list-style-type: none"> <li>• A passing score of 70% on the written examination by the Association of State and Provincial Psychology Boards</li> <li>• An oral examination by a panel chosen for Arizona licensed psychologists</li> </ul>	
SOCIAL WORKERS	Arizona Board of Behavioral Health Examiners (Arizona Revised Statute A.R.S. § 32-3291-3294)	<ul style="list-style-type: none"> <li>• Baccalaureate degree in social work from a program accredited by the Council on Social Work Education</li> <li>• A passing score on the Basic Examination by the Association of Social Work Boards.</li> </ul>	40 clock hours every two years
SPECIAL EDUCATORS	Arizona Department of Education	<ul style="list-style-type: none"> <li>• Bachelor's degree from an accredited institution</li> <li>• Passing score on the professional knowledge portion of the Arizona Educator Proficiency Assessment</li> <li>• Passing score on the early childhood special education portion of the Arizona Educator Proficiency Assessment (Under development now)</li> </ul>	90-180 hours of professional development activity in a six year period
SPEECH AND LANGUAGE PATHOLOGISTS	Arizona Department of Health Services – Office of Hearing Aid Dispenser, Audiology, and Speech-Language Pathology Licensure (A.R.S. §36-1940)	<ul style="list-style-type: none"> <li>• Master's degree in speech-language pathology or equivalent</li> <li>• Completed a supervised clinical practicum in speech-language pathology</li> <li>• Completed an approved postgraduate professional experience in the field</li> <li>• Pass a nationally recognized examination in speech-language and hearing association approved by the director</li> </ul>	8 hours of approved continuing education every 12 months

## **APPENDIX D**

### **ARIZONA DEPARTMENT OF HEALTH SERVICES OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS FAMILY SLIDING FEE SCALE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS INCOME RANGES AND SHARE OF COST**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
OFFICE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
FAMILY SLIDING FEE SCALE FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS  
INCOME RANGES AND SHARE OF COST**

This scale was adapted from several scales, and reinforces the philosophy that all families have a right and responsibility to contribute to the care and services provided to their child/children.

Family Size	\$1.00 copay per month	10% of cost of service	25% of cost of service	50% of cost of service	75% of cost of service
1	7890 - 10,816	10,817 - 33,360	33,361 - 36,287	36,288 - 39,213	39,214 - 45,138
2	10,610 - 15,784	15,785 - 35,840	35,841 - 41,015	41,016 - 46,189	46,190 - 51,363
3	13,330 - 20,753	20,754 - 38,319	38,320 - 45,743	45,744 - 53,166	53,167 - 60,588
4	16,050 - 25,721	25,722 - 40,800	40,801 - 50,472	50,473 - 60,143	60,144 - 69,813
5	18,770 - 30,689	30,690 - 43,280	43,281 - 55,200	55,201 - 67,119	67,120 - 79,038
6	21,490 - 35,657	35,658 - 45,760	45,761 - 59,928	59,929 - 74,095	74,096 - 88,263
7	24,210 - 40,626	40,627 - 48,240	48,241 - 64,657	64,658 - 81,073	81,074 - 97,488
8	26,930 - 45,594	45,595 - 50,720	50,721 - 69,385	69,386 - 88,049	88,050 - 106,713

Families whose gross income exceeds that in the 75% column will be responsible for 100% of the cost of service.

For families with more than eight members, add \$2460 for each additional family member.

This scale is based upon family gross income of family members contributing/working to maintain the household.

Expense circumstances related to parenting a child with special health care needs have been considered within each income range, so *no deductions* are allowed from gross income.

Families will self-report gross income, locating the appropriate range, based upon the previous year's income statement or monthly gross income, whichever more accurately reflects *current* income.

The ADHS/Children's Rehabilitative Services program has historically instituted a family sliding fee scale for children with special health care needs. Please contact CRS for information regarding its scale and procedure.

**APPENDIX E**  
**INTERAGENCY AGREEMENT**